

The London School of Economics and Political Science

**The ‘placebo effect’ in highland Laos:  
insights from Akha medicine and shamanism into the  
problem of ritual efficacy**

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A thesis submitted to the Department of Anthropology at the London School  
of Economics and Political Science for the degree of Doctor of Philosophy

September 2019

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## **Abstract**

This thesis examines the phenomenon of healing efficacy among the Akha of highland Laos, in light of the science of ‘placebo effects.’ Swidden farmers of Tibeto-Burman language origin, the Akha have a rich ancestral system of oral customs, centred on animism and a robust shamanic tradition. Based on 18 months of ethnographic fieldwork in a remote village, the first part of the dissertation is a detailed investigation of the whole gamut of Akha therapeutic practices. Among its key findings is that rituals for spirit affliction challenge a number of assumptions about healing performances that are widespread in medical anthropology. Specifically, the analysis shows that only few of these rituals engage the sick person’s senses in a way that harness ‘placebo effects’, as prevailing theories would predict. It is argued, however, that the most compelling aspect of efficacy lies at the level of Akha aetiology. The ways of explaining illness and healing – through a distinction between naturalistic and personalistic causes – reveal intriguing parallels with the aetiological picture of symptom perception that is borne out of placebo science. Overall, Akha thought is shown to capture something fundamental about the nature of illness and healing. The final part of the dissertation dwells on the implications of this finding. The material analysed invites a shift in focus from the narrow domain of the patient-healer interaction to the wider social and conceptual framework that underpins the phenomenon of health. It also has direct bearings on the understanding of the ‘placebo effect’, a notion that captures a nexus of contradictions central to modern naturalism. Espousing a kind of anthropology that looks at the ‘other’ for insights into one’s own culture and the human condition, the thesis examines how Akha resolve these contradictions, and what we can learn from them.

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## Orthographic note and pronunciation guide

The Akha language belongs to the Lolo branch of the Tibeto-Burman family. No documented script for this language existed before the 1950s. Since then, foreign linguists, missionaries and indigenous activists have devised a number of writing systems. When writing Akha terms in the present thesis I use the most recent Romanized Akha writing system (Common Akha Orthography, or ‘CAO’) agreed by a regional network of Akha in Jinghong, China, in January 2009. Akha is a tonal language with six tones. Some characters in this system (*q*, *r*, *v*, *vq*, *vr*) are used as tonal markers placed at the end of syllable and are not pronounced. For example, in the word *Aqkaq* (Akha) *q* marks that both syllables of the word are pronounced with a low tone and oral vowel. All consonants and vowels are single phonemes, even if some appear with two symbols. The consonants *c*, *k*, *kh*, *p*, *py*, *t*, and *ts* are aspirated when followed by an oral vowel and unaspirated when followed by a glottalized vowel (given that this is an allophonic variation, the system does not use separate symbols). I have included a pronunciation guide below (see Boonyasaranai, 2010 for a fuller account).

Tone markers	
q	low tone, oral vowel
r	high tone, oral vowel
(no mark)	mid-tone, oral vowel
vq	low tone, glottalized vowel
v	mid-tone, glottalized vowel
vr	high tone, glottalized vowel (rare)

Consonants	
b	as in 'book'
by	as in 'beauty'
d	as in 'dad'
j	as in 'jam'
dz	as in 'adze'
g	as in 'game'
gh	fricative 'g'
h	as in 'hop'
k	as in 'kitten'
kh	as in 'Bach'
l	as in 'lion'
m	as in 'mum'
my	as in 'mew'
n	as in 'nun'
ng	as in 'song'
ny	as in 'canyon'
p	as in 'pill'
py	as in 'pew'
s	as in 'sir'
x	as in 'sham'
t	as in 'top'
ts	as in 'its'
c	as in 'charm'
y	as in 'yell'
z	as in 'zoo'

Vowels	
a	as in 'father'
ei	as in 'pain'
i	as in 'feet'
o	as in 'home'
u	as in 'hoot'
e	between 'book' and 'the'
m	as in 'hmm'
ae	as in 'pet'
an	French nasalized 'ah'
aw	as in 'bought'
ee	French 'pur'
oe	French 'peu'
oi	between 'ü' and 'ee' (rare)

## Glossary of common Akha terms

<i>Aqbawr</i>	Grandfather, elderly man
<i>Aqpiq</i>	Grandmother, elderly woman
<i>Aqpoeqpawvqlawvq</i>	Ancestral section
<i>Aqpoeqlawr</i>	Sacrifice/offering to the ancestors
<i>Aqpoeqaqpiq</i>	Ancestors
<i>Aqpoeqmiqyaer</i>	The creator
<i>Aqpoeqse</i>	Being possessed by spirits (and typically becoming a shaman as a result)
<i>Arpyaqpyaq</i>	Fever
<i>BaJiq</i>	Blacksmith
<i>Boermaq</i>	Spirit-priest
<i>Boermaq tor</i>	Recitation of the spirit-priest
<i>Darlaer</i>	Ritual star
<i>Dzoeqma</i>	Traditional village leader
<i>Garma xo</i>	Treading the path

<i>Geeqlan</i>	Blessing, life force
<i>Ghanrsanrkhovq</i>	Customs
<i>Guvpyaq</i>	Fever caused by fear
<i>Jawrbav</i>	Headman
<i>Jirbaqdirsiq</i>	Small bamboo segment used in ritual every time a sacrifice takes place
<i>Lavqyaeq</i>	Sacrificial knife used by the shaman
<i>Lawqhhe</i>	Chinese-type rain hat worn by shamans
<i>Lavqteevpavq</i>	Tying (a cotton string) around one's wrist / blessing-enhancing ceremony
<i>Larkurkurkhovq</i>	Calling the soul back / soul calling ceremony
<i>Lawrkhawvq</i>	Water well
<i>Lanrkanq</i>	Gate
<i>Lavqceq</i>	Swing
<i>MqYaerMqSar</i>	Another name for <i>Aqpoeqmiqyaer</i> , the creator
<i>Naevq</i>	Spirits
<i>Naevq guq</i>	Spirit affliction
<i>Nargawr</i>	Internal disease (spiritually unrelated)



<i>Nyirpaq</i>	Shaman
<i>Nyirpaq car</i>	The chant of the shaman / shamanic performance
<i>Pirma</i>	Master (whether shaman, spirit-priest, or blacksmith)
<i>Pirza</i>	Apprentice (whether shaman, spirit-priest, or blacksmith)
<i>Savqlar</i>	Soul
<i>Uqmovdzanrmir</i>	Spirit of the house-post
<i>Yaw sanr</i>	Spirit-owner
<i>Yavghaq</i>	Medicine

## Introduction

In his celebrated essay 'The effectiveness of symbols' (1963a), Lévi-Strauss' recounts an elaborate ritual incantation through which a Cuna shaman of Panama helps an ailing woman in difficult labour. This song, called *The Way of Muu*, begins with a picture of the midwife's confusion over the pains of the woman and the summoning of the shaman. The shaman arrives to the hut and initiates the ritual, prepares fumigations of burnt cocoa-nibs and carves a small set of wooden figures: his tutelary spirits. His chant narrates that Muu, the power responsible for the formation of the foetus, has exceeded her functions and captured the *purba*, or 'soul', of the mother-to-be. What follows is a quest for the lost *purba*, in which the shaman and his tutelary spirits, by venturing into a chaotic mythical landscape of obstacles and wild beasts, wage a contest to defeat Muu and rescue the stolen soul. The soul is tethered back to the woman's hut, through an equally tortuous descent, until it reaches her foetus. As the chant unfolds, the shaman maps an analogy among this set of mythical places and the pregnant woman's reproductive organs. 'Muu's abode' symbolizes the uterus, the blood of beasts symbolizes the blood lost by the labouring woman, the final descent symbolizes the baby's passage through the birth canal. This analogical mapping between mythical and physiological events eventually helps the woman make sense of her difficulty, facilitating the delivery. The song ends with the return of the *purba*: the woman's pains are alleviated, and the child is born.

For Lévi-Strauss it is the psychological manipulation performed by the shaman that, by placing incoherent pains into a meaningful and accepted framework, turns out to produce the desired physiological effects, "to bring about", as he writes, "a modification in the organic functions of the woman in childbirth" (1963a:200). Though brief, the essay raised important questions

about the role of symbols in healing. It contained intriguing reflections on the mind-body connection, on the relation between the conscious and the unconscious in therapy, and on the parallel between shamanism and psychotherapy, particularly psychoanalysis. Its central suggestion, one in keeping with Lévi-Strauss's lifelong interest in the distinction between tradition and modernity, is that the operation performed by the shaman might be analogous to that of modern psychoanalytic abreaction, whose aim is to reconstruct in a new language what, because of the repression of unconscious conflicts, may have disappeared from the patient's conscious experience. Both processes heal through a similar therapeutic structure. There are two important differences, however. While the psychoanalyst listens to the patient, the shaman speaks. And while psychoanalysis heals mental disorders, shamanic healing can be effective on organic conditions. Like the early Freud (1966[1895]), Lévi-Strauss eventually wondered whether this kind of psychological account will one day be replaced by a physiological description of mental disorder and cure.

In speculating that rituals might have therapeutic effects on the sick person Lévi-Strauss described a phenomenon that in modern medicine has come to be known as the 'placebo effect', broadly defined as the effects of a treatment process that are not due to its characteristic physiological properties. When writing his essay, Lévi-Strauss had access to only a couple of scientific studies about the phenomenon (1963a:197). Thus, his argument was necessarily speculative due to an almost complete lack of scientific knowledge. Since then, we have known a lot more about the placebo effect due to a burgeoning of empirical research, which, starting sporadically in the 1950s, began to catch on from the mid-1990s. Appropriately designed placebo controlled clinical trials have canvassed the power of therapeutic rituals across a variety of medical conditions; psychological studies have attempted to tease out the cognitive

mechanisms at play in healing; other kinds of experimental procedures have searched for the neurobiological and genetic signatures of placebo effects—all this against the backdrop of continuous controversy regarding the implications that this phenomenon holds for biomedicine and the modern secular world-view.

The time is ripe, I argue here, for revisiting Lévi-Strauss' questions (and some others) on the basis of the findings that have emerged out of placebo science. This is because, while placebo science has rendered earlier views obsolete, it has also moved away from the comparative, big-picture questions that Lévi-Strauss raised in his writings. A look at the current status of the field of 'placebo studies' reveals an ever-growing abundance of empirical data and a relative dearth of theory. Theoretical developments from recent philosophy of mind and cognitive science have yet to be incorporated. So far, researchers have also largely eschewed conversations about the implications—of powerful theoretical, philosophical, and political import—that the phenomenon holds. Above all, because much placebo science is confined to Western clinics and laboratories, with largely Western patients, within a biomedical framework, placebo researchers have also missed out on the wealth of insights that non-Western healing traditions shed on the question of efficacy. What would awaken this field, I believe, is a new anthropological intervention, one that is informed by the healing practices and philosophies of other medical systems. With this aim in mind, this dissertation examines the question of therapeutic efficacy by focusing on one specific healing context that differs from the biomedical one in which much of placebo research is conducted.

The thesis is based on 18 months of ethnographic fieldwork among the Akha, a group of swidden farmers living in Zomia, a mountainous region that spans a number of countries of mainland Southeast Asia, known for being, historically, beyond the control of lowland states. The Akha hail from Yunnan

in southern China, speak a Tibeto-Burman language, and are one of the many village-centred, rice-growing, livestock-rearing, non-literate highland groups that differ markedly from lowland groups. They are animists (more about this later); they have a robust shamanic tradition, and make extensive practice of animal sacrifice, an integral part of their healthcare system. They are renowned for a rich tradition of customs—myths, rituals, festivals, taboos—that has been orally passed down through a long line of ancestors. While there is already a voluminous anthropological literature on the Akha,<sup>1</sup> my contribution lies in focusing on a subject area that has been seldom explored in this literature—that of therapeutic practices—and on a geographical area that, due to severe research restrictions, has never been studied much at all: Laos. Before moving on to the crux of the project, let me explain why I chose to live with the Akha in highland Laos.

I went into anthropology because, simply and quite naively, I wanted to learn about a radically different human society, having the privilege of being able to do so. With a background in philosophy of mind and placebo science, I intended to turn what I learnt about placebo effects into an ethnographic problem, by living in a society whose medical principles were fundamentally different from those of biomedicine. I had a clear idea of the ideal field-site. I was looking for a place in which healing was not confined to a compartmentalized sector, but integral to other spheres of social life, like religion, law, and the economy. I was thus drawn to animistic societies, particularly contexts (now rapidly disappearing) where shamanism plays a vital role in community healthcare. The most obvious choice, Siberia, was unappealing to me for climatic reasons; Amazonia, the second option, for

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1 For major monographs see Roux (2011[1924]); Bernatzik (1970); Lewis (1969a, 1969b, 1970a, 1970b); Kammerer (1986); Sturgeon (2007); Tooker (2012); Wang (2013); Morton (2015a).

having been already extensively studied. Southeast Asia was attractive for the richness of its medical traditions and spiritual landscapes. In particular, the ethnographies about the Akha of Thailand (Kammerer, 1986; Tooker, 2012) genuinely impressed me for the ritual complexity of their tradition. After realizing that a few anthropologists had carried out long-term research among the Akha in China, Burma and Thailand, but that none had done so properly in Laos, at least since Henri Roux in the 1920s, the decision of doing fieldwork there settled in my mind.

The Lao highlands are an ethnic mosaic which abounds in animistic traditions that, comparatively speaking, have experienced little of the fragmenting effects of globalizing forces. Within a fast-changing Southeast Asia, this cultural enclave has been relatively insulated, due to a ban on religious proselytism, and protected, due to the Lao socialist government's overall respect for cultural heritage. While this made the region ideal for my project, it also meant that the process of getting the required research permit turned into an extremely dire bureaucratic challenge.<sup>2</sup> The Lao government is reluctant to grant permission to foreign researchers working in border highland areas, with minorities, and on topics that might touch on religion. Mine was a tricky case. The process required an affiliation to the National University of Laos, which in February 2014 kick-started a long procedure of approval at national and then provincial and district levels. This left me in a long uncertain limbo. I spent the summer and autumn of that year living in Vientiane learning the Lao language and scouting potential field-sites in the north (accompanied by government tourist guides). Meanwhile, the bureaucratic procedure took numerous twists and turns, marked by sporadic

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2 See *Red Stamps and Gold Stars* (Turner, 2014), an anthropological book wholly devoted to the hardship of obtaining research permissions in upland socialist Asia.

meetings with authorities, unanswered emails and long, drawn-out waits. By December 2014, I still had no news about the outcome. I was just about to pack everything up, abort the project and return to London, when the permission finally arrived in the form of a A4 document with a red stamp. The document carried real power. While before I was forbidden to venture a few yards into the highlands unaccompanied, I could now settle for 18 months in MawPae,<sup>3</sup> a village close to Myanmar that I chose because it boasted the full roster of Akha ritual specialists: headman, village leader, blacksmith, spirit-priest, and shaman (the latter two combined command the whole range of Akha healing rituals).

As I mentioned, while I was still waiting for my research permit, I had made exploratory trips to the region with a Lao guide; three times I had stayed in MawPae, hosted by the village headman. On the third time, I found the courage to ask the headman whether he would be willing to host me for 18 months. Nodding in approval he said yes, but he was clearly apprehensive (and I felt terrible). Highlanders are generally suspicious of foreigners' intentions, for all sorts of good historical reasons. They had to endure arbitrary violence from the powerful lowlanders for centuries; avoided, but only just, the hardships of the Vietnam War; and in recent decades have had to constantly respond to the caprices of the Lao government. Their exemplary sense of hospitality prevailed, but the apprehension lingered on. I was, after all, a complete unknown to them. I also looked very different from any other foreigner they usually interact with (not many young people had seen a white person before). For the first few months, they did not believe that I was there to study their customs and medical ways; in subtle ways, they kept trying to

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<sup>3</sup> The names of villages and individuals that feature in this thesis are all pseudonyms.

figure out what I was actually up to. It took some time to gain trust and confidence, and to be finally and fully accepted. Mastering the language was no small hurdle along the way.

Akha is a tonal Tibeto-Burman language, for which no comprehensive grammar exists to date. Christian missionaries produced the first scripts by the mid 20<sup>th</sup> century, and an Akha-English dictionary (Lewis, 1968; 1989), based on the language spoken in Burma and Thailand. I brought with me to MawPae a battered old copy of the dictionary, which proved to be of some help, but given the substantial regional variation in the vocabulary, and the absence of a written grammar, learning the language turned out to be much tougher than anticipated. Using Lao as a bridge language was not an option. The few people in MawPae who had learnt Lao in school spoke it with a thick northern accent that was far removed from the Lao I had learnt in Vientiane. The only way to start communicating effectively with my fellow villagers was to pick up Akha as quickly as possible in the field, pointing at things, writing down terms, fully going for it. For the first 6 months not much seemed to be going in. Even my informants seemed to be disappointed. A breakthrough occurred when, depressed about my linguistic progress, I decided to take a break for a few days in Bangkok. Upon coming back, I found myself, somehow, suddenly able to speak Akha, understand, converse, joke with my fellow villagers.<sup>4</sup> I never became 100% fluent but, in the words of my young Akha friends who went to school, “at least 80% fluent”, enough to be able to command conversations on every topic, understand whatever my informants told me, and appreciate linguistic nuances to a good degree.

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4 I remember having a similar breakthrough while learning English in London aged 18.



During the first six months I tried to immerse myself as best as I could in the life of my host family and of the community at large, following villagers in their daily tasks, helping out with everyday chores in the process. I went weeding in rice and opium fields, tended livestock, occasionally I did some hunting. But my major focus was the rich ritual life, both at village and household level. Actively taking part in it became a lot easier when, about three months into fieldwork, my hosts decided it was time for me to become a member of the family and affiliate myself to the patrilineage. A ceremony with pig sacrifice was attended by the whole village, and I was bestowed an Akha name. As a member of an Akha family, I now had certain customs and kinship obligation to observe and I could participate in a wide variety of rituals that were off-limits to non-Akha.<sup>5</sup>

For the most part, I attended healing rituals. I followed closely a large number of episodes of illness, listening to narratives and studying the healing performances that would be organized to deal with them. When a healing ritual was arranged, I would promptly go (sometimes to other villages) to watch the performance and unravel the illness story behind it. I looked at Akha aetiological thinking, therapeutic strategies, and at the phenomenological dimension of performances. I spent a lot of time with shamans. Getting to know intimate aspects of their lives and craft became of central interest, especially after discovering the amazing complexity of their profession. More specific notes on methodology will be revealed in each of the following chapters. On the whole, I conducted what Calabrese defines as a ‘clinical ethnography,’ “a

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<sup>5</sup> I also helped my adoptive family financially. For the sake of transparency, I initially gave my adoptive family 1,000,000 Lao Kip per month for food and stay, plus gifts (clothes, chickens, pigs, etc.). Following my naming ritual, my adoptive father told me that, as a member of the family, it was inappropriate for me to give money on a regular basis. I thus stopped paying ‘rent’ and gave gifts now and then.

research approach that seeks to combine and balance the anthropological method of participant observation with clinical understanding and evaluation of self and others.” (2013:51). Calabrese specifies: “this method does not require full clinical training, but the ethnographer must not be completely naïve about the standard clinical understanding of a particular domain of health” (2013:52). Although I have never undergone clinical training, the ethnography I have conducted bears on an extensive immersion in the placebo literature and surrounding areas of cognitive psychology and philosophy of mind. It is from the perspective of these fields that I have analysed healing processes, paying special attention to all aspects related to the question of efficacy. The field-site turned out to be a particularly fertile ground to examine this question, not least because virtually all the Akha treatments I wrote about could be considered to work, from a medico-scientific point of view, solely through the ‘placebo effect’.

\* \* \*

Let me now return to the crux of the project: the question of therapeutic efficacy viewed in light of the ‘placebo effect’. First, I need to justify why in this dissertation I retain the term ‘placebo effect’ (from the title to the conclusion), despite the fact that most anthropologists have decided to dismiss it as a pharmacocentric misnomer and to replace it with other expressions.

I choose to keep it for two main reasons.

First, the term shall serve as a proxy for the science behind it (called ‘the science of placebo effects’), which has yielded, over the years, much-needed proof for the effectiveness of therapeutic rituals. In 1980, evaluating the study

of indigenous healing, Arthur Kleinman wrote: “The chief research questions are straightforward and have been known for some time. [...] Yet, while the questions are clear, the answers are not. What we now have are impressions, anecdotes, unsystematic findings, and strong opinions” (Kleinman 1980:311). Though strong opinions remain, these can now be challenged or supported by a body of scientific evidence, and new theories that we did not have until a few decades ago. To be clear, this thesis is not going to provide empirical evidence about the efficacy of Akha rituals. On numerous occasions, I did see sick people seemingly getting better after a sacrifice to a spirit or a shamanic performance (see chapters 4, 5 and 6). At times, I saw very surprising recoveries – long lasting chronic pains dissipating in a day after the killing of a pig. There was also a sub-set of Akha people – shamans and spirit-priests – for whom fluctuations of health and illness were almost invariably linked to rituals (see chapter 7). However, because I lacked the means to conduct any kind of controlled study in the highlands (i.e. I lacked the means to rule out the possibility that people would have gotten better – or worse – anyway, without the ritual), any discussion of outcomes cannot constitute proof of efficacy. Therefore, on the basis of what has been demonstrated by placebo science, i.e. how healing rituals work, I shall assume that, under certain conditions, Akha healing rituals *can* work, and I shall investigate Akha rituals and Akha ideas about efficacy on the basis of what we know makes rituals effective. Scientific theories about placebo effects will also be taken as correctives to current anthropological theories about the role of the mind in healing. In the spirit of Maurice Bloch (2012), I maintain that anthropological interpretations of the ‘native’s point of view’ should be in line with what we know about the workings of the human mind. Knowledge about placebo science enables one to make informed guesses about what might be going on in a particular healing setting, offering new avenues for interpretation. Equally, ethnographic observations will serve to correct

theories in placebo studies (and related ambits of cognitive science). The purpose of keeping the term is to triangulate the anthropology of healing ritual with this new field.

The second reason I am keen to use the notion of ‘placebo effect’ is much more fundamental. Emerging out of the Enlightenment discourse, the notion captures a number of contradictions that are central to the modern secular worldview of which biomedicine is part. I employ this term as a direct means to weigh into some of the problems it poses; via an ethnographic detour among the Akha, I use it as an expedient to place these problems in comparative perspective and to see if a different medical philosophy provides insights into their solution.

The problem we are essentially dealing with is what Sax et al, in a titular book, called ‘*The Problem of Ritual Efficacy*’ (2010), another facet of the old ‘rationality problem’ (Wilson, 1970), except that at stake are not ‘apparently irrational beliefs’, but ‘apparently ineffective acts’ (Sax, 2010:4). In theory, rituals, such as those involving placebos, should not have effects. The fact that they sometimes do sits uncomfortably with modern rationalism and provokes all sorts of uneasy responses, ranging from awe to distrust. To better understand where such dumbfoundedness about the ‘placebo effect’ comes from, it is worth taking a brief look at the history of how the concept evolved in the West, of how, in parallel to the rise of mechanistic science, it emerged as a nagging by-product of the scientific worldview. History shows that this process went hand in hand with the development of an uneasy attitude towards the ‘imagination’.

The word ‘placebo’ came into popular use in the Middle Ages as part of the Latin phrase ‘*placebo Domino in regione vivorum*’ in the ‘Vespers of the dead’ which meant “*I shall please the Lord in the Land of the Living*” (Harrington,

2008:62). The reciters of this phrase were initially the grieving friends and relatives of the deceased, but as the ritual became integral part of medieval ritual life, bogus mourners began making appearances at funerals of wealthy families, claiming a relationship with the dead in order to partake of food and other benefits handed out at the ceremony. 'Placebo' gradually became associated with sycophancy.

Eventually, the word found its way into medicine around the 18<sup>th</sup> century as the name for dummy medicines that were given to patients not for their specific activity, but for the sole purpose of soothing the patient's mind (Kerr et al. 2008; Jütte, 2013). 'Placebo' retained its original derogatory connotation. In particular, the effects witnessed in sick people after the administration of dummy pills began to be expressed in European society as the product of another demeaning notion of the time: the 'imagination'. Since the early Enlightenment, the 'imagination' had stood for an irrational faculty of the mind; a potential source of religious mania or political unrest, that was dangerously standing in the way of the promise of scientific reason (Harrington, 2006:184).

One historical episode that stands out for capturing these sensibilities on the grand stage was the public debunking of Franz Mesmer in Paris in 1784. Although the word 'placebo' was not employed on that occasion, the event is widely regarded to have been the first major placebo-controlled trial ever conducted. Franz Mesmer, a physician with interests in physics and astronomy, claimed to have uncovered 'animal magnetism', a new 'fluid' that could be used for curative purposes. Invisible forces directed from the mesmerist or from 'mesmerized objects' at (mostly female) patients would initiate convulsion and fainting, after which many people felt profound restorative effects. Controversy ensued and Louis XVI appointed a royal commission (composed, among others, by Antoine Lavoisier, Pierre-Simon Laplace, and

Benjamin Franklin). Placebo-controlled experiments were undertaken; the commission dispensed sham ‘mesmerized’ items or, in a crossover manner, secretly administered the genuine ones. As it happened, patients who were sensitive to the presence of ‘mesmerized’ trees passed out when touching a tree that they had been deceptively told was ‘mesmerized’. Other patients fainted with plain water which they thought was mesmerized, but felt nothing from the ‘magnetic’ water that they were given covertly. The royal commission concluded that “this agent, this fluid has no existence” and any effect were due to the imagination. The final report read that “the imagination without the aid of magnetism can produce convulsion” and much more besides; but “magnetism without the imagination can produce nothing” (Harrington, 2008:47).<sup>6 7</sup>

What’s interesting in this episode and in the ways in which the notion of the ‘imagination’ was employed is that skeptics were not so much disputing its power. The fact that to some people these spurious treatments had the capacity to produce powerful bodily effects was self-evident. Michel de Montaigne, for instance, in an essay ‘On the power of the imagination’, wrote that it came as no surprise to him that this “should bring fevers and death to

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6 The once popular ‘Perkins tractors’ therapy was subjected to a similar debunking, as illustrated by 18<sup>th</sup> century physician John Haygarth in his *Of The Imagination as a Cause and as a Cure of Disorders of the Body, Exemplified by Fictitious Tractors* (2016[1800])

7 Because I will be dealing with shamanism in the following chapters, it is worth noting that Enlightenment attitudes towards the phenomenon were equally dismissive due to its employment of the ‘imagination’. Diderot, on his *Encyclopédie* entry on shamans, calls them “jugglers and impostors” who speak “a language probably consisting of formless sounds, produced on the spot by a heated imagination, [...] that these charlatans have found a way to make it pass for a divine language” (Diderot and associates in Narby and Huxley 2001:55).

those who allow it free play and encourage it" (1993[1574]:37). Skepticism was not directed at the phenomena themselves, but at their psychological nature. Skeptics found that the cause of these effects lay not in the physical but in the fictitious realm of the mind; they were produced through experiencing things that were not actually there. As such, and against the background of mechanistic medicine, these effects could be dismissed as unworthy of explanation altogether (Harrington, 2008; Cohen, 2002).

Fast forward to when, within medicine, the placebo-controlled randomized clinical trial (RCT) became a systematic procedure to assess the validity of treatments. This tool did not so much develop to clarify efficacy, but to expose fraud, thus effectively shielding medicine from the power of the imagination. Its adoption has had an enormous and beneficial effect in medicine and is often celebrated as one of the crowning achievements of the Enlightenment, but it has the peculiarity of being the first known procedure in history where method is more important than outcome. No matter whether a treatment has real effects; if these come through the imagination the treatment lacks credibility and is not marketed or popularized.

The imagination, in sum, has largely emerged from the Enlightenment and into the modern era as a debased currency (Kirmayer, 2006), soon to be followed by that of 'belief'.<sup>8</sup> This is an attitude that remains alive to this day, well-conveyed, for instance, in the writings of self-styled scions of the

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<sup>8</sup> Originally meaning 'to belove', 'to hold dear', 'to cherish', over the past three centuries the term 'belief' evolved to signify a propositional attitude towards the world that is held true without certain 'knowledge', hence dismissed as incorrect, irrational (see Good, 1994:1-25; Lurhmann, 2012:320) (the original meaning still remains in expressions such as "I believe in democracy").

Enlightenment such as Richard Dawkins. In *The Selfish Gene*, likening religion to the placebo effect, Dawkins writes:

“The 'everlasting arms' [of religion] hold out a cushion against our own inadequacies which, like a doctor's placebo, is none the less effective for being imaginary” (1976:193).

This suspicious stance is still adopted by a number of vocal rationalists (atheists and skeptics, mostly) who latch on to studies that allegedly belittle placebo effects to insist that the phenomenon is of little interest and clinical relevance (see Appendix A). And it is also embodied in the very institutional workings of biomedicine and the pharmaceutical industry, to which placebo effects are nothing but a nuisance to drug marketization.

Because of their anomalous character, as Harrington puts it, placebos have become the “ghosts that haunt our house of biomedical objectivity; they are the creatures that rise up from the dark and expose the paradoxes and fissures in our own self-created definitions of the real and active factors in treatment” (1997:1). In similar tones, Kaufman states that “Placebo is the place where modern medical knowledge confronts its limits... [it] directs us toward some of the very large questions about human life: the limitations of our knowledge and what kind of meaning life can have in the face of that” (Kaufmann in Harrington et al 1997:243). Originating in the medical domain, the phenomenon of the ‘placebo effect’ thus strikes at the heart of a number of wider social and philosophical tensions – between mind and body, reality and the imagination – that are central to secular modernity.

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The present thesis asks, *inter alia*, whether the Akha might provide some insights into the problem of ritual efficacy and resolutions of these tensions. Do Akha have a conception of the 'placebo effect'? If so, are they faced with similar contradictions? What can biomedicine and the modern secular worldview, which are riddled with such contradictions, learn from them?

I acknowledge that an anthropology that asks these kinds of questions differs from what is ordinarily taken to be the right way to 'think like an anthropologist' (Engelke, 2017). First and foremost, this consists in embracing the principle of cultural relativism: viewing each culture in its own terms and applying self-awareness with regards to one's own terms of analysis, lest they be unduly ethnocentric. Indeed, according to Viveiros de Castro, "The 'art of anthropology' is the art of determining the problems posed by each culture, not the art of finding solutions to those problems posed by our own" (2003:3). Looking at other healing practices from the lens of the 'placebo effect' in the way I set out to do would be at loggerheads with such sensibilities. Still, I am happy to proceed because I do not find these sensibilities entirely appealing. For sure, cultural relativism is *de rigueur* while doing ethnography. It also bestows anthropology with an ethical purpose, that of shedding any kind of language that might exude superiority over one's interlocutors, in order to avoid the perpetuation of power inequalities. The main problem with cultural relativism, however, is that, when transposed from ethnographic practice to theory, it stymies any attempt at making general arguments, about humanity, independently of one's interlocutors' point of view (which, paradoxically, might have the potential of furthering important social causes). As many have noted (e.g. Bloch, 2005b; Ingold, 2017), recent decades have seen a collapse of anthropology into ethnography, at the detriment of anthropology's relevance to social science and public debates.

I, myself, see no principled reason why one culture shouldn't offer insights into the problems of another. Anthropology is most valuable when it presents itself as a comparative inquiry into human possibilities. Out of comparison arise value judgements, reflections on what a society (especially the anthropologist's) might learn from another, in an endeavour to realize its own best version of humanity. For anthropology to fully accomplish this purpose it needs to be separated conceptually from ethnography because it holds different values and purposes. As if pre-emptively responding to Viveiros de Castro, De Martino wrote that "the task of anthropology lies in the possibility of positing problems whose solution leads to an expansion of the self-consciousness of our civilization. Only then can anthropology help the formation of a wider humanism" (De Martino, 1973:3, my translation from Italian original).

The structure of this thesis reflects the distinction between ethnography and anthropology. Part I comprises two introductory chapters, one on placebo science and one on Akha customs. This is followed by five densely ethnographic chapters, divided in two parts. Part II, consisting of chapter 3, concerns Akha non-spiritual, 'naturalistic' remedies (medicinal plants, spells and modern medicine). Part III, made up of chapters 4 to 7, is about Akha 'personalistic' healing practices, which are mostly aimed at fighting spirit afflictions. Chapter 4 looks at the care of the soul and soul-calling ceremonies; chapter 5 covers the wide range of healing sacrifices; chapter 6 zooms in on the main shamanic performance, and chapter 7 is about the lives of shamans. In these five ethnographic chapters, I will solely be concerned with the specificities of Akha healing practices and ideas, and I will very rarely use the term 'placebo effect': as a tool of ethnographic description, the term is not very useful. The notion will instead be mobilised in part IV as a conceptual hook that allows me to intervene in theoretical debates of an anthropological nature.

In chapter 8, I will argue that Akha healing rituals defy certain assumptions about healing performances that are widespread in medical anthropology. Specifically, I show that only few Akha rituals for spirit affliction engage the sick person's senses in a way that harness 'placebo effects', as prevailing theories would predict (and as was posited by Lévi-Strauss). Chapter 9 is the most theoretically expansive and makes a contribution to the 'rationality debate' in anthropology. Shifting from an analysis of ritual efficacy to an analysis of how people *think* about efficacy, this final chapter argues that Akha ways of explaining illness and healing – through their distinction between 'medicine' and 'ritual' – reveal intriguing parallels with the aetiological picture of psychosomatic illness that is being borne out of placebo science. Overall, Akha thought is shown to capture something fundamental about the scope and possibilities of 'medicine' and of what we call 'placebo effects'. All the while, it eludes the kind of contradictions that are inherent to the notion of 'placebo effect'. The conclusion of the thesis dwells on the implications of this finding for the modern understanding of ritual and the 'imagination'.

**PART I**  
**OPENINGS**

# Chapter 1

## Placebo: the medicine of the imagination

In his posthumous work *Medicine, Magic and Religion*, W. H. R. Rivers, the father of medical anthropology, wrote that “there can be no question that such processes I have recorded here [men dying or recovering because of their beliefs in harmful or healing spells] are efficacious” (Rivers, 2001[1924]:46). Like Rivers, scholars of what used to be called ‘primitive medicine’ had little doubt about the efficacy of ‘belief’ or ‘suggestion’ on health and illness (e.g. Ackerknecht 1942; Cannon 1942; Elkin, 1945). However, in these early writings there is virtually no theoretical discussion about why and how ‘belief’ might have such powerful effects, let alone debates on the possible implications of this phenomenon on prevailing theories of magic or ‘primitive thought’. In anthropology, the subject of efficacy began to receive due theoretical attention only when it became incorporated within the study of ritual performance, the process that, by symbolic means, purports to transform a ‘sick person’ into a ‘healthy person’.

As discussed in the introduction, Lévi-Strauss opened up new ways of thinking about the phenomenon in his famed essay on ‘the effectiveness of symbols’ in Cuna shamanism. In it, we find a rare and lucid outline of the relation between anthropology and Freudian thought, exemplified in a grand theory of symbolic efficacy. It was a suggestive theory, as many commentators have noted (e.g. Severi 2015:199-257), but one that eventually stirred up more questions than it yielded answers. How exactly can unconscious thought affect somatic pathologies? How do we know that shamanic healing works at all? Beyond questions of a scientific and theoretical nature, there were two

particular ethnographic discussions in his account that did not fully convince and were left under-developed. One had to do with the subjective experience of the patient, and the other with the kind of contextual elements, aside from the structure of the myth, that might have made the ritual effective. Moving away from psychoanalysis, in the last few decades medical anthropologists have sought to fill these lacunae through a deeper focus on ‘embodiment’ and ‘performance’ respectively. These complementary approaches have come to dominate the anthropological study of healing efficacy. I shall take a cursory look at them, as they will inform my analysis of Akha healing practices in subsequent chapters.

## **The efficacy of healing ritual in current anthropological theory**

### **Embodiment**

Lévi-Strauss’s focus in his seminal article was almost exclusively on the shaman and his chant. The parturient woman is more or less a passive recipient of treatment who supposedly heals through a ‘psychological representation’ of the myth that is transduced (we are not told how exactly) into physiological changes (1963a:191). Many anthropologists nowadays would cogently point out that ‘psychological representation’ does not accurately describe the phenomenological state of a suffering person who approaches treatment. The sick person might be feeling, sensing, anticipating the treatment, not representing it in her mind. Such expression implies a dualism between mind and body that is more grounded in our analytical imagination rather than in phenomenological reality (Scheper-Hughes and Lock, 1987). Proponents of what has become the embodiment paradigm in medical anthropology claim to transcend mind-body dualism by arguing that the mind is, well, embodied.

“The essential insight of embodiment” writes Kirmayer, “is that the body has a life of its own and that social worlds become inscribed on, or sedimented in, bodily physiology, habitus, and experience, and occasionally re-evoked” (Kirmayer, 2003:283). According to leading theorists (see Varela et al 1991; Thompson, 2007), our conscious experience emerges from the interwoven processes of self-regulation, sensorimotor coupling and inter-subjective interaction with the environment. The body is more than an ensemble of physiological structures; it is a precarious network of intertwined systems with varying degrees of responsiveness to the world. The developmental layering of experiences through which we learn to respond to the world is stored and registered at its site - “bypassing conscious awareness and etching themselves at its sinews and on its surface” (Thompson et al 2009:131). Accordingly, when receiving treatment, the body can respond directly to the sensory or affective stimuli in the way it has learnt to do so and does not require any ‘psychological representation’. As Frenkel (2008) puts it, re-experiencing healthful sensations, sensory experiences, or emotion that have been inscribed directly into the body prompt what is a ‘skillful and unreflective’ response to therapeutic ritual.

The idea that subjective experience is intrinsic to bodily processes has led anthropologists to turn to phenomenological traditions. Drawing from the writings of Husserl and Merleau-Ponty, Csordas (1992) has introduced into the study of healing the important notion of ‘somatic modes of attention’. The way in which we attend to the world is shaped by the ways in which we interact on a daily basis with the physical and social environment. This attention, he argues, is fundamentally bodily. Particularly during experiences of illness and healing, we pay attention ‘to’ the body in a certain way, but also ‘with’ the body. Because attentional processes are central to symptom experience, any suggestion, instruction, or contextual cue of the healing ritual that shifts attention, will also, in turn, change symptom experience. Along similar lines,

Nichter (2008) has emphasised the fact that the body experiences the intersection of one's sense of self, and the rest of the world through the senses. The senses of sight, smell, taste and touch have the extraordinary power to evoke and trigger embodied memories of past experiences, including positive and negative healing experiences. Examples abound for each of us: the smell of baking apple pie might make us feel warm, while the sound of the dentist's drill makes us feel fear, and this is so because these sensations are associated with, respectively, cosy and frightening past episodes (see also Ostenfeld-Rosenthal, 2012).

The task of ethnographers who follow the embodiment paradigm is to disentangle and examine the vast arrays of embodied practices and sensorial dispositions (cultivated within a particular cultural milieu) that might form healing responses. Embodiment theory suggests taking the 'lived body' as the existential ground for culture and the methodological starting point for the study of healing (Csordas, 1990). Practically, this means paying particular attention to emotion and the universe of sensations that surrounds the therapeutic context, eliciting from subjects the particularities of their bodily experience. Csordas' (1993) own work on Charismatic healing in America or Desjarlais's (1992) analysis of Yolmo healing in Nepal are fine examples of penetrating phenomenological studies conducted in this genre.

## **Performance**

A second major shortcoming in Lévi-Strauss' analysis of the Cuna shamanic ritual was to concentrate, for the most part, on the formal structure of the incantation. On his account, the effectiveness of the ritual rests on the analogy that is drawn in the text between various mythical and physiological realms. Once assimilated by the woman, the meaning of the chant allows her to make



sense of her pains and produce a physiological effect. Unfortunately for Lévi-Strauss, subsequent ethnography revealed that the woman could not have understood much of the shaman's arcane language. Sherzer writes: "the psychological efficacy of the *ikarkana* [the shaman's incantation] depends on individuals' knowledge of and belief in the general features of the process rather than on a comprehension of its minute referential and symbolic details" (1983:134). Ethnographically speaking, this seems to be a general finding across cultures (Kirmayer, 1993). The appreciation that effectiveness often cannot depend on the details of the formal structure of the ceremony has increasingly led anthropologists to consider ritual effectiveness through the lens of 'performance' (Schieffelin, 1985; Sax, 2004; Myers, 2010). As with the notion of 'embodiment', the emphasis on 'performance' grows out of a shift in focus away from denotative meaning and representation to practice and action.

One stream of research has drawn on Austin's (1962) notion of "performative utterance". Austin pointed out that not all utterances are descriptive states of affairs; some are actually ways of *doing* things – perlocutionary acts – in which there is no simple distinction between spoken word and physical act. "I declare you husband and wife" is a typical example. Some anthropologists have noted that there might be a homology between the ordinary kind of performative acts and performative acts in healing. Utterances such as "You'll be well, Mr. Smith" can actually have healing power on a patient. Thus, Tambiah (1977; 1981), who first suggested this, carried out important analyses of Isaan and Thai healing cults looking at the power of words, noting that performative quality of utterances might overshadow their semantic meaning in delivering the healing effect. Others like Kirmayer (1993; 2015) have expanded the notion of performative act to include the performance of metaphor, which, by evoking an analogy and subsequently enacting a shift within that analogy, can powerfully move the experience of the sick person. Yet

other approaches have focused on the aesthetic quality of the performance (Kapferer, 1983; Desjarlais, 1992), on music, dance, colours, or comic play, aspects that organize and affect the perception of participants (who have come to learn their perceptual meaning in that context) and elicit a sense of transformation.

Ethnographers whose take on healing has built on these theoretical orientations have produced thick descriptions of therapeutic ceremonies, focusing on their dramatic aspects and viewing the emotional appraisal of these dramatic aspects as the key healing element. Laderman and Roseman (1996) who edited a volume on *The Performance of Healing* wrote that “we cannot escape the idea that if healing is to be effective or successful, the senses must be engaged” (1996:4). The essays in the book “discuss the music, movement, players, audience, props, plots, comedy, poetry and dialogue that constitute the performance of healing” (1996:2). A host of other monographs centred on healing performances similarly illustrate the variety of ways in which exorcists, mediums, shamans or doctors with charismatic personalities and panache enact healing performances, often via impressive visual displays, sounds, smells or physical contact (e.g. Devish, 1990; Laderman, 1991; Desjarlais, 1992; Roseman, 1993; Herrmans, 2015).

In an important new hypothesis that builds on both embodiment and performance theories, Hinton and Kirmayer (2017) have suggested that ritual heals by increasing cognitive and emotional ‘flexibility’, this being defined as “the ability to consider different actions, adopt multiple cognitive frames, attitudes and mind-sets” (2016:3). Flexibility is induced by so-called ‘shifters’, ritual elements—the use of metaphor, music, dance, other physical activities, deliberate arrangements of the ritual space and environment—that, moving the patient emotionally, suggest the possibility of change. Many of these elements will depend on how vivid they are to the sick person. Hinton and Kirmayer

note that many therapies worldwide make abundant use of shifters. They conclude that the study of how flexibility is promoted in different cultural context through specific techniques and symbolic means can shed light on the potential efficacy of healing rituals as well as guide the development of innovative intervention.

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Overall, recent approaches in medical anthropology have theoretically refined and superseded Lévi-Strauss's original psychoanalytically-informed take on the effectiveness of healing rituals. There is, nevertheless, one vital question that remains unanswered: how do we know that shamanic healing works at all?

Missing an answer to this question inevitably forestalls any sort of progress in understanding ritual effectiveness beyond theoretical speculations. The problem, one that has bedevilled psychoanalysis more than any other school of thought, is that of evidence: without controlled randomized trials it is impossible to ascertain the degree of effectiveness of a therapy because healing can potentially occur anyway. It is impossible, in other words, to distinguish the true effects of ritual from spontaneous remission or the natural history of the disease. From this viewpoint, neither Lévi-Strauss nor the anthropologists who succeeded him could have much to say authoritatively about effectiveness *per se*. This question is empirical, however, hence potentially answerable. From the 1980s, its investigation has been taken up by 'placebo science', which has since made great strides in providing answers, as well as in generating a whole new gamut of questions. Let me now turn to this field of study, about which I shall give a cursory overview.

## **The science of placebo effects**

First of all, what exactly is a ‘placebo effect’? Any theoretical article on the matter is stumped by the oxymoronic nature of the term. A ‘placebo’ is generally defined as an inert substance. A ‘placebo effect’ would then be the effect of an inert substance. Conceptually, the term is fraught with confusion. Thus, a number of philosophically-minded scholars have called for the conceptual refinement of the notion (Grünbaum, 1986; Howick 2017a); some others have argued in favour of its replacement with another term (Moerman 2002b) or its restriction to a narrower domain of medical practice (Miller, 2018); yet others have suggested that it is far too confusing and should be totally eliminated from the vocabulary (Nunn 2009a, 2009b, 2009c; Turner, 2012). For people who study the phenomenon from an empirical point of view, however, the concept lives on; as argued by Blease and Annoni (2019), it has laid the grounds for what, in Kuhnian terms, represents a scientific ‘paradigm’ with its own theoretical framework and tools: the science of ‘placebo effects’. Though theoretical ambiguity is still pervasive (Hardman et al 2019), people working in placebo science generally abide by a broad, accepted definition. According to Miller et al (2013:ix), the placebo effect “is generally understood as consisting of individuals’ responses to the psychosocial context of medical treatments, ‘inert’ interventions, or clinical encounters, as distinct from the inherent or characteristic physiological effects of medical interventions”. Conversely, the ‘nocebo effect’ is understood as the effect of context on the worsening of symptoms, with the exclusion of physical causes of disease. Though sporadic studies on placebos and nocebos date back to the 1950s, the field exploded in the mid-1990s, with a proliferation of trials and novel experimental designs aimed at studying their power, markers, and neuropsychology.

## **The pervasiveness of placebo and nocebo effects**

Research has shown that placebo effects can be elicited in a wide range of medical disorders, such as conditions of pain (the most studied condition); various diseases of the nervous system such as Parkinson's, migraine or insomnia; mental and behavioural disorders such as depression, anxiety or addiction; sexual dysfunctions; diseases of the immune and endocrine systems; skin conditions; diseases of the cardiovascular and respiratory systems; and diseases of the gastrointestinal and genitourinary systems. Depending on the disorder, the percentage of patients who respond to the placebo can range from 100% to 0%, with conditions such as pain, anxiety, depression, irritable bowel syndrome and Parkinson's showing a higher degree of responder rate (see Benedetti 2014 for a comprehensive overview). There is no evidence suggesting that placebos can alter the underlying pathophysiology of disease (Kaptchuk & Miller 2015); no evidence, for instance, that they can have tangible effects on lowering cholesterol, altering bone density, fight viruses, or downsizing tumours, though they often induce a significant reduction in symptoms (Benedetti, 2014:287; Meissner, 2014). This has led to the highly plausible hypothesis that when placebos work, they do so on the psychogenic component of symptoms, and not on the component of symptoms that is ultimately associated with physically caused dysfunction (Benedetti et al, 2014).<sup>9</sup>

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<sup>9</sup> Because it is difficult to understand the extent to which a condition has been caused by psychogenic or physiological factors, it is also difficult to understand the real reach of placebo effects. One study (Benedetti et al 2014) on hypoxia headache has provided a unique experimental design that demonstrates that placebos reversed the nocebo-induced component of the headache, but not its physiologically-induced component. Though unique experimentally, the result of this study aligns with the finding that placebo effects are more easily elicited in conditions that are *discernibly* psychogenic (e.g. Stridh et al 2019). Besides – although the equivalence between the

All in all, the most impressive outcome of this research is to have shown the ubiquity of placebo effects and the degree to which the mind can affect – exacerbate or relieve – the experience of illness. In doing so, placebo research and controlled experiments have challenged the theoretical claims that support a number of popular treatments, including biomedical treatments: in a wide range of medical conditions that are treated with modern therapies, the reduction of symptoms is actually caused, to a significant degree, by placebo effects.

A good place to start is surgical operations for chronic conditions. Until not long ago, only a handful of attempts had been made to control for the most conventional surgeries. These were simply assumed to work. However, a substantial number of recent trials comparing real and sham surgery found that the effects of some surgical procedures, while high, are approximately the same as those of their placebo versions. One of the most widely cited cases is Moseley et al (2002), which compared real and sham arthroscopic surgery for chronic osteoarthritis of the knee in the US. For this condition, the real procedure typically involves local anaesthesia, cutting into the knee, inserting the arthroscope, scraping and rinsing the knee joint, re-stitching the cuts and regular post-op check-ups (the total cost rounding up to about \$5000). The sham version comprised all these procedures except the scraping and rinsing of the knee joints, which is considered to be the only active component by the supporting theory. It turned out that the outcomes of both real and sham surgery were equal and equally impressive. Some patients who had been

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psychogenic/physiologically-caused distinction and the subjective/objective symptoms distinction is not always warranted – the result aligns with the overall finding that placebo effects tend to improve subjective measures but not objective measures (e.g Dutile et al 2014).

confined to a wheelchair prior to surgery regained the ability to walk shortly after. Other routinely performed surgeries, such as vertebroplasty or meniscectomy, have also been found to be powerful placebos.<sup>10</sup>

Antidepressants, like surgery, are popularly thought to work by fixing chemical imbalance in the brain (by inhibiting serotonin, dopamine or norepinephrine reuptake). When careful studies are conducted, however, it turns out that antidepressants are only negligibly more efficacious than placebos, and only for severe cases of depression (Khan et al, 2012; Kirsch 2009, 2014, 2019). Even then, antidepressants might slightly outperform placebo mostly because of their side effects. Feeling the side effects usually convinces the patient of having been allocated to the real drug arm of the trial – a realization that is known to boost the placebo effect (see Oronowicz-Jaśkowiak and Bąbel 2019 for a discussion).

The potency of placebo effect in symptom relief across a wide number of medical conditions is best appreciated in studies that employ the so-called ‘open-hidden approach’ (pioneered by Fabrizio Benedetti at the University of Turin), in which the effects of *active medication* are compared to the effects of the same medication when given surreptitiously. For example, in one of these experiments researchers programmed an infusion machine to inject an anxiolytic solution intravenously to patients who were unaware of when they might receive it (and who were unassisted by physicians) (Colloca et al. 2004). In doing so, researchers eliminated any possible psychological component of the therapeutic ritual. Open-hidden experiments conducted on conditions of chronic pain, anxiety and Parkinson’s disease have shown that through the administration of drugs unbeknownst to the patient, the effects of a variety of treatments are significantly reduced (Benedetti et al. 2011). Standard doses of

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10 See Harris (2016) for a fresh compilation of similar cases.

blockbuster drugs like Valium, to name but one, are totally ineffective when administered covertly, which is revealing about the importance of conscious engagement in the therapeutic context.

Placebo-controlled experiments have also exposed a number of claims made about the efficacy of psychotherapies. Since the early 20<sup>th</sup> century, psychotherapies (or ‘talking cures’) have been the preferred methods for the cure of mental and behavioural disorders (at least in America and Europe). Psychotherapies come in a wide variety of types and schools, which generally claim their distinctive method to be the active component in the healing process – and superior to those of other schools. Students of some kinds of psychotherapies (psychoanalytic ones in particular) spend several years learning to perform their cures. When tested, however, researchers find that the effectiveness of even disparately different types of psychotherapies is basically the same. They are all more effective than ‘no treatment’, but there are no significant differences among them. These results shed doubt over the validity of the theoretical claims made by each school of psychotherapy, lending support to the hypothesis that they all work through a common placebo effect (Jopling, 2008; Wampold & Imel, 2015:114ff).<sup>11</sup>

Research has also been conducted on the ‘nocebo effect’, placebo’s evil twin. Though harder to investigate for ethical reasons, researchers have been able to demonstrate it in healthy volunteers under conditions of induced pain, where the mere expectation of impending pain communicated by the doctor usually ends up increasing it (Benedetti et al. 2007). In clinical settings, nocebo effects have been observed in people who, after the mere diagnosis of a certain

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11 Comparing the effects of different psychotherapies to one another has been the main way to control for their validity because it is virtually impossible to double-blind and find a placebo version of a type of psychotherapy (Kirsch et al 2016, see Enck and Zipfel 2019 for a discussion).



illness, become ill living up to the description of their disease (Justman, 2015). Phenomena like mass psychogenic illnesses (Dzokoto & Adams, 2005; Colligan et al. 2013) or 'idiopathic environmental illnesses' (Van den Bergh et al 2017), which occur when a group of people experience the effects of a pathological agent that is later revealed to be bogus, fall within the same broad class of phenomena.

While it has been impossible to confirm Marcel Mauss's (1926) and Walter Cannon's (1942) early speculations about the reality of 'voodoo death', evidence suggests that expectations about one's own impending death can also have a tangible effect on mortality (Jylhä, 2011) - another form of nocebo effect. Culture has proven to play a significant role here, as it has been demonstrated in a number of socio-demographic studies. For instance, Phillips et al (1993) found that, in the presence of a broad range of diseases among Chinese Americans in California, individuals who are understood by Chinese astrology to be particularly susceptible to these conditions – by virtue of the year of their birth – die significantly earlier than individuals with the same conditions born in other years. Chinese born in 'earth years' – and consequently deemed by Chinese medical theory to be especially susceptible to diseases involving lumps, nodules, or tumours – who have lymphatic cancer, die, on average, 4 years sooner than Chinese with lymphatic cancer born in other years. Similarly, those with lung diseases born in 'metal years' – in Chinese theory, 'the lung is the organ of metal' – die on average 5 years younger than those born in other years. Such differences were not found in a similar examination of the mortality of thousands of non-Chinese Californians. The study also showed that the effects of these meanings are influenced by the degree of commitment to Chinese astrology. These relationships have nothing to do with having Chinese genes, but with having Chinese ways of thinking and living (see Adler, 2011 for a similar case).

Perhaps, the role of context in exacerbating symptoms is best appreciated in studies that look at the correlation between physical dysfunction and reported symptoms. This correlation is generally high for acute and localized dysfunction of pain – meaning that the major cause of the symptoms is very likely to be the dysfunction – but it is variable and quite low in many multi-symptomatic and chronic diseases including chronic pain. In disorders as different as asthma, arrhythmia, gastro-reflux disease or diabetes, the measured objective disease also turns out to be very poorly correlated with the magnitude of the symptoms, which implies that a large component of the symptoms is psychogenic. This aspect, however, goes undetected in medical practice, because physicians tend to attribute the causes of symptoms to the disease that they do find. As a recent article concludes:

In sum, research with medical populations suggests that correlations between symptom reports and objective disease indicators vary substantially, are often low to moderate [...] In other words, a large proportion of the symptoms presented in the context of a well-defined disease could technically be considered MUS [medically unexplained symptoms]. This is mostly overlooked, however, as few studies actually measure the within-person correspondence between physiological dysfunction and symptom reports (Van den Bergh et al, 2017:190)

This spate of findings, of which I have offered only a rough overview, underscores the role played by context in the relief and amplification of symptoms. But in biomedical practice, the extent of placebo and nocebo effects usually falls under the radar. This is because practitioners are primed to reduce symptoms and relief to physiological dysfunction and physiological restoration according to normative biomedical assumptions (Corbett, 1986;

Rhodes et al, 1999; Jackson, 2005; Miresco and Kirmayer, 2006; Lee, 2012; De Ruddere et al, 2016; Arnaudo, 2017; Goldberg, 2017). By disclosing the role of the mind through controlled studies, placebo research has questioned these assumptions. It has also dealt a blow to the theoretical claims that underpin a great number of long-cherished modern treatments, not to mention the claims made by alternative treatments, such as homeopathy or acupuncture, whose reputation is being challenged precisely because their efficacy is often attributed to the 'placebo effect'.

### **The variability of 'placebo effects'**

One of the underlying assumptions of standard clinical trials is that the placebo effect is a constant background noise, which is more or less stable in all trials for a given condition. In fact, the main takeaway of the last two decades of placebo science, is that there is no single placebo effect, but many, varying in both mechanisms and power. The variability of placebo effects has been most notably picked up by Daniel Moerman, the cultural anthropologist who has engaged the most with the burgeoning science of placebo effects and who has spent a career translating theories and results from one field to the other and back again. Parsing swathes of clinical records, Moerman (2002b:47-66) has identified a wide range of elements that, through their cultural specificity, modulate 'placebo' and 'nocebo' effects. Based on Moerman's writings (2002:47-66; 2013), I have drawn up a list of such elements<sup>12</sup>, which I have substantiated (true to the author's view, I believe), by adding some illustrative studies of my own picking. These findings clearly resonate with anthropologists' emphasis on the cultural dimension of illness and healing.

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12 As Moerman makes clear, these are only 'formal' elements, which substantially overlap with each other.

- **Visual symbols and material form of treatment.** It has been found that red stimulants generally work better than blue stimulants, and blue sleeping pills work better than red sleeping pills. Antidepressants fare better if yellow (de Craen et al 1996; see also Wiercioch-Kuzianik and Babel, 2019). There is, however, a curious exception to this pattern. For Italian men – not women – blue sleeping pills tend to be stimulating rather than relaxing (Cattaneo et al. 1970). Moerman came up with the following speculation: ‘Azzurri’ is the name (and the colour) of the Italian national football team, a main source of national excitement for Italian men and hardly a sleep inducing colour.

The shape and form of the treatment has variable effects too. As a general rule, placebo surgery is usually more powerful than placebo injections; placebo injections are more powerful than placebo oral medication; and among placebo oral medications, placebo capsules tend to be more powerful than placebo tablets (e.g. Kong et al. 2013; Meissner et al 2014; see also Kaptchuk et al 2000). Experiments have shown that differential effects can be dramatic. For example, while only 14% of Parkinson patients improve when given a placebo pill, approximately 45% improve when treated with sham electrode surgery in which electrodes are implanted in the brain but never turned on (Goetz et al 2008). Placebo pacemakers work better than placebo oral heart medication (Linde et al 1999). Size is another significant factor: bigger pills tend to work better than smaller ones of the same shape (Buckalew and Coffield, 1982).

- **Words.** The appropriate, well-placed word uttered by a practitioner before or during the treatment can have determinant effects on the outcome, as evidenced by various studies on pain (Benedetti and Amanzio, 2011). The same counts for words that describe the power of the treatment (Price et al. 1999). The significance of verbal communication is, of course, most central to ‘talking therapies’. Jerome Frank, in his landmark book on *Persuasion and Healing* (1991) gathered several studies showing how healers endowed by great persuasive ability, charisma and rhetorical force (perhaps not surprisingly) have better chance to have tangible effects on the patient’s therapeutic outcomes.
- **The healer’s persona, demeanour and confidence.** A multitude of studies have demonstrated that the degree of empathy from the doctor and the degree of trust from the patient improve therapeutic outcomes (see Benedetti, 2011; 2013b). In one such study, Kaptchuk et al (2008) randomized a population of irritable bowel syndrome patients into three groups. One of these was allocated to a waiting list (‘no treatment group’), one was given acupuncture with only a limited, business-like interaction with the practitioner (‘limited group’), and the other was given acupuncture with a patient-practitioner relationship augmented by warmth, confidence and empathy (‘augmented group’). At three weeks, the proportion of patients reporting adequate relief was 28% on waiting list, 44% in the limited group and 62% in the augmented group. Non-verbal bodily synchrony between patient and doctor, gauged through a variety of measures, has also shown to correlate with the

patient's self-reported quality of the relationship and with therapeutic outcomes (Ramseyer and Tschacher; 2011, 2014).

In a relatively old study aimed at testing primarily doctors rather than patients, Gracely et al (1985) found that the doctors' knowledge of what they administered correlated with the patient's degree of relief from postoperative pain. Patients benefited more from being administered a placebo believed to be Fentanyl by doctors than from being administered a placebo known by doctors to be a placebo. Knowledge of provisioning a real treatment translates in higher confidence for doctors, and therapeutic outcomes for the patient (see also Miller et al 2009 for a general review of the effects of 'interpersonal healing').

- **Touch.** Surgery and other more or less invasive therapies (e.g. acupuncture) directly delivered by practitioners appear to have enhanced effects because of direct physical contact with patients. Manual therapies of various kinds are powerful for the same reasons. For instance, one study (Maville et al. 2008) found that 'healing touch' had effects on stress and anxiety, by affecting objective measurements of heart rate, blood pressure and skin conductance (for further reviews and studies see Montagu, 1986; Benedetti 2013b; Fulton 2015; Geri et al 2019).
- **Halo of power.** Effects are equally enhanced by dramatic and unusual aspects of the therapeutic encounter, such as the flavour of exoticism that characterizes therapies like acupuncture or the high-tech magic of modern treatments with ultrasound or laser therapy (Benedetti, 2014). An interesting case (unearthed by Moerman) is the treatment for angina pectoris, a condition that has been treated in the West with

nitroglycerine tablets since the beginning of the last century. Curiously, nobody quite knows why nitroglycerine happens to treat angina (Bleich et al 1979; Bienenfeld et al 1996). Like many other drugs, it is supposed to relax arterial muscles, presumably allowing more blood to the heart. But as Moerman (2002b) points out, none of this is nearly as clear as the fact that everyone knows how powerful nitroglycerine is. It is the stuff explosives are made of. We come to appreciate this through narratives of all kinds (especially through movies) and so it holds a very powerful meaning for people to whom it is administered.

- **Number.** Generally, two placebo pills work better than one such placebo pill (de Craen et al. 1999). The effect of a greater number is especially evident in the phenomenon of ‘compliance’ (or ‘adherence’) to medication. Compliance, which indicates the degree to which one is able to stick to a therapeutic regimen (e.g. taking two pills every day), is proportional to the health benefits gained (including longevity), even if the medication in question is a placebo (Simpson et al 2006).
- **Hype and cost.** Newly commercialized therapies tend to be more effective than old ones (e.g. Benson and McCallie, 1979; Moerman, 2000), a finding that resonates with drugmakers’ common knowledge that the effect of a newly introduced drug often peters out with time. The same counts for hype: a branded placebo works better than a non-branded placebo. For instance, in a study with chronic migraine patients, Kam-Hansen et al (2014) found that Maxalt (a migraine medicine) mislabeled as ‘placebo’ was 50% less effective than Maxalt appropriately labelled. The same study found that placebo mislabeled as ‘Maxalt’ was as

effective as Maxalt mislabeled as 'placebo'. As for the medication's cost, researchers have found that expensive placebo works better than a cheap placebo (Goetz et al 2008). In a recent experiment comparing the effects of levodopa, expensive placebos and cheap placebos in Parkinson's patients, researchers concluded that "Expensive placebo significantly improved motor function and decreased brain activation in a direction and magnitude comparable to, albeit less than, levodopa. Perceptions of cost are capable of altering the placebo response in clinical studies" (Espay et al. 2015:794).

- **History of success and vicarious learning.** The level of success of a treatment tends to be directly proportional to its effect in people who have heard about its success record. This has been shown with regards to placebo effects in antidepressants trials, which rose quite dramatically from the 1970s into the 1990s (increasing at a rate of 7% per decade) – proportionally, as Moerman (2013a:185) argues, to the degree of publicity about the drugs.

Along with hearing about its success, directly observing other people receiving benefit from a treatment is also associated with higher outcomes. This, as I mentioned, is generally referred to in the literature as the effect of 'observational' or 'vicarious' learning (Colloca, 2009).

### **The neurobiology of placebo effects**

While some researchers have looked at the magnitude and variability of placebo effects across medical disorders, others have been concerned with how these play out inside the patient's brain. Leaving aside its independent scientific value, research in this area has had a major role in changing public



opinion about the phenomenon. It has helped putting placebo science on the map of legitimate fields of scientific inquiry, for it convincingly demonstrated, against common preconceptions of the time, that placebo effects were materially, neurobiologically 'real' (Benedetti, pers. comm.).

The first major experiment that looked into this dates back to 1978, when Levine, Gordon and Fields showed that placebo analgesia occurs via the production of endogenous opioids. Lacking neuroimaging technology, these researchers reached their conclusion in the following manner. They divided a group of patients suffering from postoperative pain into two groups: one received a placebo painkiller, and the other received the same placebo painkiller preceded (unknowingly) by an injection of Naloxone. Naloxone is an opioid antagonist; it is not supposed to cause pain itself but only to block the action of opiates like morphine or codeine (it's mostly used to treat drug overdoses). It turned out that, unlike those in the first placebo group who experienced pain relief, the people who were injected with Naloxone did not experience any pain relief at all, *despite taking the placebo*. It was then inferred that placebo analgesia worked through the action of some endogenous opiates, now called 'endorphins', that could be reversed by an antagonist (Naloxone).

Research in this field had a long pause, resuming again in the mid-1990s when Benedetti and his team at the University of Turin conclusively replicated Levine et al. (1978) study with novel and rigorous experimental designs (Benedetti et al 1995). About a decade later, Tor Wager at the University of Colorado used fMRI technology to provide the first direct evidence of opioid and cannabinoid mediated placebo analgesia (Wager et al 2004; 2007). Countering the worry that patients, in all these cases, could be merely reporting relief in order to please the scientist, fMRI scans showed that what people said about their pain tracked perfectly with the activation of several parts of the brain associated with pain (Wager, 2004). Also worth highlighting is that

placebo effects exploit in some cases the very same biochemical pathways as analgesic drugs (Piedimonte and Benedetti, 2016).

Psychologists discovered that witnessing other people experiencing pain relief after receiving a treatment can boost one's own placebo effect when receiving that treatment in a subsequent occasion. Recent studies found some neurochemistry that backs this phenomenon. It involves vasopressin and oxytocin, hormones that are known to regulate social communication, empathy, trust and social learning (Kessner et al 2013; Colloca et al 2015). If patients are injected with a dose of vasopressin or oxytocin before observing other people undergoing treatment or before communicating with a physician, they will later experience a very high placebo effect themselves. Such enhancement is not explained by vasopressin's or oxytocin's specific effect on pain sensitivity, but in their capability to increase the believability of the treatment by observing others or apprehending the doctor's instructions.

Although pain is the condition for which placebo effects are most studied, researchers have pinned down the neurobiological and physiological mechanisms of healing responses in other conditions as well. Patients with irritable bowel syndrome, for instance, show large reduction in activity in the thalamus and insular cortical regions after administration of placebos. Parkinsons' patients, whose brains suffer from chronic dopamine depletion, get flooded with dopamine (in the striatum) after a placebo surgical operation.

With regards to the nocebo response, not much is known about neurobiology due to obvious ethical constraints. However, at least in conditions of pain, Benedetti and his team discovered that nocebo hyperalgesia is mediated by an octapeptide called cholecystokinin (CCK), which is known to inhibit the analgesic effects of morphine and is generally considered as an antagonist of the opioid system. In an experiment analogous to Levine et al

(1978) on analgesia, Benedetti et al (1997) found that patients who were injected with proglumide – a CCK antagonist – before being told that a post-surgical operation would worsen their pain, did not experience nocebo hyperalgesia. Later fMRI studies confirmed the role of CCK (Benedetti, 2014). It was also found that emotions like fear and anxiety decrease the threshold of pain, along with the release of CCK.

On the whole, studies of this kind have revealed that there is a complex neurochemistry that is activated during nocebo and placebo effects, vindicating Lévi-Strauss' speculation that future science would be able to uncover it. They showed that, contrary to prevailing public opinion about the 'imaginary' nature of the phenomenon, the 'placebo effect' describes a tangible neurobiological event. It may still be called 'imaginary', but we now know that the imagination can pack a real neurobiological punch.<sup>13</sup> All in all, this change of popular perception following brain-imaging evidence – the fact that we needed to 'see' the brain in order to believe in the phenomenon – is also interesting for what it tells us about our deep-seated, culturally specific understandings of body and mind, reality and imagination – aspects that I will deal with towards the end of this thesis.

### **How placebo effects are formed**

Having reviewed how some researchers have looked at the magnitude and neurobiology of placebo effects across medical disorders, I will now turn to

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<sup>13</sup> More generally, it has been found that explanations of a phenomenon tend to be more credible and generate more interest when they contain neuroscientific information (Weisberg et al 2008). A similar phenomenon occurred in the case of 'phantom limb' pain, which tended to be dismissed as imaginary before brain scans revealed its underlying biology (Ramachandran and Blakeslee, 1999).

studies that have focused on what makes a patient a 'placebo responder'. Evidence suggests that in some individuals therapeutic rituals elicit dramatic responses; in others, they barely register. How so? Much of the research in the 60s and 70s concentrated on finding out what types of 'personality' were more likely to respond to placebos – the widespread hypothesis being that most gullible, superstitious people (women in particular) would do so. No personality type was ever found, leading placebo scientists to conclude that there is no such thing as a clearly identifiable 'placebo responder' profile (Kaptchuk et al. 2008). As more recent findings show, at the roots of responsiveness lies a complex interaction between subconscious, difficult-to-pinpoint dispositional factors, and environmental contingencies. When these factors are rightly 'matched' (Darragh et al 2015:7), placebo responses occur. Studies that looked at the genetic makeup of patients have found that certain polymorphisms also predict placebo effects in a few conditions (Hall et al. 2012; 2015).

Still, the best way to predict whether patients respond to a certain therapeutic ritual is to look at how they have *learnt* to respond to it, at the history of past encounters with the ritual and at the kinds of expectations they have been led to have about it (what anthropologists would define as 'acculturation'). Analytically, researchers have traditionally divided ways in which placebo effects are learnt into processes of 'conditioning' and 'expectancy'.

The first refers to the classic Pavlovian (1927) conditioning whereby the repeated association of a conditioned stimulus (CS) with an unconditioned stimulus (US) produces a response even when perceiving the conditioned stimulus alone. Some placebo effects occur through this principle both in non-human animals (Herrnstein, 1962) and humans. The effects of morphine (US), when administered repeatedly by a doctor in a clinical context (CS) can be

replicated when administering a placebo in the same context (Amanzio and Benedetti, 1999).<sup>14</sup> Pharmacological treatment is not essential, however. Having learnt to associate hospital environments with salubrious effects in the past (whether because of active treatment or simply because of natural remission of the illness), people can get better by experiencing the visual, tactile, gustatory and other sensory aspects of that environment (as embodiment theorists also suggest). Importantly, what typifies conditioned placebo effects is that they are elicited *unconsciously*.

In humans, however, conditioning is not always necessary to produce effects. Studies show that these can occur through ‘expectancy’ alone: verbal information communicated by a physician can induce an expectation of reduced symptom, which can be effective even without prior exposure to treatment or to a particular environment. What typifies ‘expectancy responses’ is that they are elicited *consciously*; among placebo scientists, expectancies are commonly thought of as conscious, propositional, probabilistic beliefs about the future (Kirsch, 1997; see Hutchinson and Moerman 2018:367-371 for a critical assessment). This uniquely human capacity to form conscious ‘expectancies’ – that is, the capacity for the ‘imagination’ (Bloch 2008) – is arguably part and parcel of the capacity for symbolic thought, ultimately rooted in our faculty of perspective-taking, joint-attention, and understanding of others as intentional beings (Deacon, 1997; Tomasello, 2009). Personally observing someone experiencing relief from a certain treatment – i.e. being able to imagine what others feel – is yet another (very powerful) vehicle for the formation of ‘expectancy responses’, as established by a vast array of recent

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14 See also some important experiments by Ader and Cohen (1993) on conditioning in immune responses.

studies on ‘vicarious learning’ (Colloca and Benedetti, 2009; Benedetti, 2013a; Vögtle et al. 2013; Faasse et al 2015).

Though the phenomenon of the ‘placebo effect’ is popularly conceived as an effect of ‘expectancy’ in the power of a treatment, studies suggest that unconscious conditioning might often be at play *alongside* expectancy (e.g. Benedetti et al 1999). Tellingly, recent evidence suggests that placebo effects can be elicited even when patients know that they are receiving placebos. In these studies, called ‘open-label placebo’ studies, doctors typically tell patients that they are receiving an inert medication, but that this has helped other patients in the past (Kaptchuk et al 2010; Carvalho et al 2016). As I will explore in more detail later, the finding that taking ‘honest placebos’ has substantial effects in a number of conditions has proven to be counterintuitive to patients and the public at large (see Kaptchuk, 2018). It runs counter to the common perception of the ‘placebo effect’ as something that inevitably involves deception. From a psychological point of view, it also challenges the conventional idea of ‘expectancy response’: the placebo effect, at least in these cases, cannot possibly be elicited by a conscious propositional expectancy about the efficacy of the treatment, providing evidence that ‘expectancies’ operate in subtler ways. These and other recent studies have convinced placebo scientists that there are always interesting interplays of unconscious and conscious anticipatory forces in the formation of placebo effects. Depending on medical condition and treatment in question, either unconscious or conscious elements could be more preponderant. Research on this is ongoing (see Price, 2015; Jensen et al 2015 for recent leads).

In sum, there is a growing sense that ‘conditioning’ and ‘expectancy’ are not *sui generis* mechanisms as they were once thought to be. And although placebo science has rarely engaged in dialogue with developments in cognitive neuroscience, a few researchers have recently been interested in how emerging

neurocognitive theories of brain function can shed light on the mechanisms behind placebo effects. The theory that these researchers have engaged with the most is called ‘predictive processing’. In what follows, I briefly outline this theory, not only because it demystifies nocebo and placebo effects, but also because it challenges some biomedical assumptions about symptom perception that made such effects anomalous in the first place.

### **Symptom perception, placebo effects, and the predictive brain<sup>15</sup>**

In daily life, our nervous system is constantly dealing with a continuous stream of information coming from our body and senses. For the sake of adaptation, the brain must turn this confused play of sensory inputs into a reliable perception of the world. Debate in cognitive science has revolved around how exactly the brain accomplishes this task. The intuitive Cartesian understanding of perception embraces the notion that the brain absorbs sensory signals from the body and the world and converts them, linearly and directly, into conscious experience. Normative biomedical assumptions about symptom perception align with this perspective (Lee, 2012). ‘Predictive processing’ challenges the view of perception as a simple readout of sensory signals. It is a theory with some sporadic precursors in the history of philosophy (e.g. Kant, see Swanson 2016) and psychology (e.g. von Helmholtz), but which consolidated into a proper paradigm in cognitive neuroscience only in the last ten years or so, with increased theoretical focus and growing evidence to support it. It is also a very

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15 A good part of the following section is based on Ongaro and Kaptchuk (2019).

complex, multi-layered theory. Given its complexity, the summary below is perforce brief, but pithy enough, I hope, to lay bare its central insights.<sup>16</sup>

The crux of predictive processing is that our perception of the world and our body should be viewed as a process of prediction, based on an integration of sensory inputs, prior experience, and contextual cues.

The key suggestion is that, to perceive the world, the brain follows a theory of probability known as Bayes rule. In its mathematical form, the rule updates the likelihood of a given hypothesis (or ‘prior’) given some evidence, by considering the product of the likelihood and the prior probability of the hypothesis. Over rapid time scales, the brain implements Bayes rule by continuously generating a top-down cascade of neurally encoded (mostly nonconscious) hypotheses about the state of the body and the world. This top-down flow of hypotheses, going from higher to lower layers in a hierarchy, is met by the bottom-up stream of sensory inputs coming from the senses. Any mismatch between predicted input and actual input at different levels of the hierarchy results in a ‘prediction error’, which prompts the system to revise its hypotheses at the level above. Bottom-up perception is thus inseparable from top-down prediction. According to the theory, conscious perception reflects the hypotheses with the lowest prediction error. Some of the hypotheses that account for the most abstract and general features of the world are ‘built-in’ by evolution; others are amenable to progressive refinement through developmental learning. Throughout one’s lifespan, the nervous system

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16 For thorough expositions of the theory see Hohwy’s *The Predictive Mind* (2013), Clark’s *Surfing Uncertainty* (2016), and Friston’s highly technical *A Free Energy Principle for a Particular Physics* (forthcoming). For a general assessment of its philosophical significance see Metzinger and Wiese’s *Philosophy and Predictive Processing* (2017).



engages in the continuous updating of these priors to better predict the next incoming sensory inputs and minimize error (Hohwy, 2013; Clark, 2016).

A central implication of the theory is that what we perceive is not the world as it actually is, but the brain's best guess of it, continuously refined by incoming sensory evidence. Visual perception, the domain which has generated much of the evidence for the Bayesian brain, offers the most intuitive way to grasp its key principle. To mention a simplistic example, sticks in a forest that is infested by snakes might at first be perceived as snakes, until we get a more refined view that updates the hypothesis. Proponents have suggested that perception, under this account, is as a kind of 'controlled hallucination', in which the brain's own predictions are constantly being reined in by sensory information from the world (Clark, 2016).

Importantly, the interplay between descending predictions and ascending signals that lie at the heart of predictive processing is flexibly modulated by the 'precision' (or 'inverse variance,' in statistical terms) of hypotheses and sensory evidence (phenomenologically, 'precision' is related to the state of 'attention'). Faced with the task of determining how likely a given set of inputs represents a predicted state, the brain uses prior experience and subtle contextual cues to determine their precision. The example of seeing sticks as snakes represents a case where highly precise hypotheses shaped by previous experience (knowing what a snake looks like, knowing that snakes inhabit that forest) override imprecise visual inputs. Indeed, the Bayesian brain model is able to explain how, in contexts of precise predictions and imprecise inputs, perceptions (seeing snakes) can deviate from the actual state of the world (the presence of sticks). The model is supported by growing computational and neuroimaging evidence and advances the notion that the precision of descending predictions might be 'encoded' in the brain by neurotransmitters, such as dopamine.

The idea that what we perceive is not the world as it is but our best hypothesis of it applies equally to the body and subjective bodily states such as medical symptoms (Seth et al 2012; Barrett and Simmons, 2015; Tsakiris and De Preester, 2019). The predictive brain framework suggests that we do not necessarily feel pain because we ‘sense’ it directly from the peripheral body. Instead, we feel pain because – to put it emphatically – we predict that we are in pain, based on an integration of sensory inputs, prior experience, and contextual cues.

The experience of symptoms arises out of the brain’s inference that the body has deviated from the physiological constants that define health. Ordinarily, in the state of health, we do not pay much attention to our body; in other words, our body is transparent to us (Leder, 1990). From a Bayesian perspective, the experience of health depends on the fact that we maintain a general ‘healthy body condition’ hypothesis (partly determined by evolution, partly by development) that explains away a certain range of normal variations in somatic input (e.g. variations in heartbeat frequency, bodily aches, etc.). So long as these variations are kept within the bounds predicted by the ‘healthy body condition’ hypothesis, the brain treats them as ‘noise’ and no symptom is perceived. When, due to a disrupting cause such as disease, the variation of somatic inputs is too large to be successfully predicted by the general hypothesis and prediction error increases, the brain must generate another hypothesis that accounts for the new evidence. According to the theory, we feel symptoms, including pain, when the hypothesis with the lowest prediction error represents an abnormal somatic event (Van den Bergh et al 2017).

This picture inverts the conventional understanding of symptom perception by decoupling it from pathophysiology. This is because symptom perception is mediated by internally generated hypotheses about the causes of inputs, not solely by the inputs themselves. Notably, the degree of the

correlation between pathophysiology and symptoms will vary according to the relative precision assigned to inputs and hypotheses, respectively.

When a subject unexpectedly encounters a certain painful stimulus for the first time, the ongoing hypothesis that the system is healthy is quickly revised upon meeting unambiguous sensory evidence that departs from it. Given that the system has had no previous exposure to the stimulus, sensory signals have higher precision relative to prior hypotheses, and will therefore have a higher impact on perception. This is why in cases of localized dysfunction and acute pain, we find a high correlation between pathophysiology and symptom perception.

However, for many chronic symptoms, which often involve central sensitization, somatization, aberrant nociceptive amplification, or ambiguous, frequently shifting information, the process can reverse. Here, the perception of symptoms shifts in the direction of the hypotheses generated by the brain, which explains the low correlation between objective pathophysiology and subjective experience found across a number of such chronic conditions (Van den Bergh et al 2017).

Chronic pain, which is very often (though not always) preceded by some salient physical event such as an injury or viral infection, provides an example. To illustrate how chronic pain arises within the Bayesian framework consider the following case presented by Hechler et al. (2016). Sarah, a 13-year-old girl, has been suffering from visceral pain for over a year after she suffered from severe acute abdominal inflammation. In addition to this, she has developed a profound fear and anxiety of pain, especially in situations in which pain occurred in the past (e.g. at school). Whenever she becomes aware of visceral sensations, she immediately interrupts her activities; she may then lie down or take pain medication. From a predictive processing perspective, Sarah's

chronic pain, which continues even in the absence of physical dysfunction, reflects the high precision that her brain bestows to the prediction of pain. Slight and harmless bodily sensations (which in healthy individuals would be treated as 'noise') prompt her brain to mistakenly infer pain as the cause of these inputs, and to feel pain accordingly. As Hechler et al. point out, individuals with chronic pain display a heightened pain prediction in the presence of interoceptive sensations that have been previously associated with pain. This is what happens to Sarah one day when she walks to the bus stop to go to school where she will be sitting an exam. She sees the bus approaching and runs quickly, feeling some mild fits and breathlessness (sensory input). Given that the original pain ensued in such school context, she will be especially prone to interpret these otherwise harmless sensations as the cause of pain, and she will thereby experience pain. In chronic pain patients, anxiety, fear, and threat perception, emotional states that often accompany the disorder, have the effect of worsening symptoms by maintaining vigilance to predicted pain (see also Zaman et al 2015). Think of chronic pain, if you like, as *homologous* to visual hallucinations.

Furthermore, in a context of chronic pain, the brain might not merely passively experience pain, but can also play a part in its intensification. This is because according to the predictive processing framework, another way to minimize prediction error lies in the generation of bodily action. Thus, while in the context of perception the brain revises its predictions to match the input, in action, the brain minimizes prediction error by modifying the inputs to make them fit the prediction. In a condition of chronic pain, the brain may nonconsciously initiate visceral sensations (e.g. stomach tension) that match the hypothesis of being in pain. In sum, in contexts of precision imbalance the brain always performs its ordinary Bayesian task of minimizing prediction error to

conform inputs to predictions, even at the detriment of subjective well-being (Brown et al 2013).

The predictive processing framework highlights the salient role of the social context in shaping and reinforcing predictions of symptoms. Knowledge of a drug's side effects, the verbal information about imminent pain delivered by a physician, or a culturally specific way of attending to the body, heighten the precision of the hypothesis of impending symptoms, leading it to dominate symptom perception. Psychogenic/nocebo effects, in which negative symptoms attributed to medication arise independently of biological activity, fall within the same set of processes.

Importantly, this approach goes some way towards transcending the artificial distinction between 'explained' and 'unexplained' symptoms – or between 'real' and 'imaginary' illnesses – that remains pervasive in biomedicine. This is because all symptoms are product of an inferential process that is never strictly reducible to physiological dysfunction and is sometimes only loosely related, or completely unrelated, to it. 'Explained' and 'unexplained' symptoms thus lie on a continuum, differing only in the extent to which they are coupled to an organic disorder. Given that the same inferential process is implicated in both cases, the theory also explains why the so called 'real' and 'imaginary' symptoms seem to be phenomenologically indistinguishable from the patient's point of view.

A very similar story, if in reverse, applies to the relief of symptoms. From a Bayesian perspective, the experience of recovery is not the direct consequence of the restoration of bodily function but is itself the process of inferring that certain interoceptive changes are signs that this improvement is taking place. The ongoing hypothesis that we are ill must be revised on meeting evidence that the body is returning to a 'healthy body condition.' This revision

of hypotheses, however, is usually slower or harder to occur if the person is not given any external cues that amelioration is underway. Without receiving this information, the brain might explain away the variation in interoceptive input that follows an effective medical intervention as mere ‘noise’ and might adhere to a hypothesis of ongoing pain.

Experiments conducted within the open-hidden paradigm (see above, p. 43) show this very clearly, for they demonstrate that patients who are administered symptom-relieving drugs (e.g. analgesics, anxiolytics) in a covert manner tend to experience a much lower relief than patients who are given treatment in full-view (Benedetti et al 2011). The medical ritual and the therapeutic context as a whole prompt the brain to interpret even small interoceptive changes in the body as the consequence of healing and to experience relief accordingly. Such predictions are self-fulfilling (Buchel et al 2014; Anchisi and Zanon, 2015; Geuter et al 2017; Grahl et al 2018). Simultaneously, under precise predictions of incoming health, the brain can also arrive at symptom relief through processes of active inference. The brain, in short, may initiate healthful visceral sensations (e.g. relaxing stomach muscles) that conform to the hypothesis that one is returning to a ‘healthy body condition’—all this with the purpose of fulfilling the prediction and minimizing error.

Many elements of the therapeutic context can play a role in enhancing predictions of well-being, especially in chronic situations. As I have discussed in a previous section, the magnitude of placebo effects varies according to contextual factors (verbal suggestions, cost of the therapy, trust in clinician, caring support, aura surrounding the treatment, vicarious learning, etc.). Importantly, recent findings suggest that features of the therapeutic ritual can be effective even when apprehended subliminally. This evidence is fully compatible with the evidence about open-label placebos mentioned earlier.

From a predictive processing perspective, some of this response is probably triggered because of unconscious predictions sparked by the embodied assumption of medication taking (Kaptchuk, 2018) and by being in a clinical environment associated with efficacy. The response may also be related to inferences under ambiguity. Two apparently contradictory messages embedded in open-label placebos —“this inert placebo pill may help; this placebo pill cannot work” —may create heightened neurological, cognitive, and embodied dissonance leading to nonconscious inferences that disturb central sensitization (see Kaptchuk 2018 for a more detailed discussion, and my discussion of ‘subjunctivity’ in chapter 8, 9 and conclusion).

To be clear, positive predictions of relief are often insufficient to lead to full or even partial recovery. We know that there are limits to placebo effects. What’s compelling about predictive processing is that it *explains* the reason why, in the presence of strong physiopathology, it is difficult to elicit placebo effects: if a highly weighted prediction of impending relief is met with strong sensory evidence of the contrary, the brain will eventually infer that the body is still in pain. Indeed, the theory predicts that therapeutic rituals alone will not work on organic dysfunctions and that they are mostly effective on symptoms of self-appraisal that are uncoupled from pathophysiology. This hypothesis finds support in the research mentioned earlier which shows that top-down predictions of analgesia (placebo) are enough to reverse the psychogenic component of pain, but not the component ultimately associated with bottom-up nociceptive signals (Benedetti et al 2014).

In short, both the empirical evidence and the predictive processing framework that accounts for this evidence reveal that the experience of symptoms is modulated by a duality of causes. This is different from Cartesian dualism, since it is not based on a distinction between two substances (body and mind), but between two pathways to subjective experience –

somatic/mental, bottom-up/top-down. According to predictive processing, but also to other popular theories in cognitive neuroscience and philosophy of mind, the brain emerges as a 'mediating organ' (e.g. Fuchs, 2018; see also Tononi, 2008). Its central function is to integrate and transform various streams of stimuli to allow the organism to interact viably with the environment. Consciousness arises as the integration of 'bottom up' (or upward) somatic forces and 'top down' (downward) psychological forces. As Fuchs explains (2018:251ff), in the context of healing medical treatment (surgery, pharmacotherapy) acts on low level neurobiological structure to exert an upward influence on consciousness. Social forces, verbal communication, contextual cues, and so on, exert a downward influence on consciousness in the form of placebo effects.<sup>17</sup> Although these two classes of causes are interwoven to various degrees, they can – and should – be distinguished analytically.

Thus, the predictive processing approach posits that, albeit through different routes, the therapeutic ritual and the active ingredients of the medical intervention act on the same inferential process through which we experience symptom relief. The first strengthens predictions of impending health by offering external evidence that recovery is taking place (through the ritual drama, verbal interaction, etc.). The second strengthens predictions of impending health by removing the source of nociceptive inputs, or, in the case of symptom-relieving drugs, by stimulating neurotransmitters that encode for the precision of top-down predictions. Given that, whichever the route, the

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17 As Fuchs (2018:243ff) explains, profound and repeated negative social experiences (e.g. trauma) can sediment in the body and be less and less responsive to placebo effects. The healing of these conditions (which is usually of profoundly transformative character) typically involves repeated sessions that are aimed at re-training bodily structures (and have therefore an upward, rather than downward, effect on consciousness). See a brilliant book by Van der Kolk (2015) on the subject.



same basic inferential process lies at the heart of symptom relief, the framework explains why healing that is primarily related to the therapeutic ritual (so called 'placebo effect') and healing that is primarily related to a medical intervention (so called 'treatment effect') are equally real from the patient's point of view.<sup>18</sup>

In sum, predictive processing explains and accommodates the two phenomena that have most bedevilled the normative biomedical approach to physically experienced illness: symptoms without a physical cause and recovery without specific physical intervention. It exposes psychogenic/nocebo and placebo effects not as aberrant events, but as facets of the overall *modus operandi* of the nervous system, showing also that they act on the same inferential processes as those of 'real' disease and 'real' treatments.

### **Of 'meaning' and 'placebo'**

Cognitive science and placebo research might have dissolved, or at least substantially reframed, the artificial distinction between 'real' and 'imaginary' illness and healing. Yet, the distinction persists in both clinical practice and popular parlance, with important practical and ethical challenges affecting both patients and clinicians. Patients whose disorders are dubbed 'medically unexplained', 'functional' or due to 'nocebo effects' (if not altogether 'imaginary') are taken much less seriously than patients whose disorders are firmly within the organic realm. Their experiences reflect a sense of frustration and delegitimization, and a craving for explanation (Corbett, 1986; Miresco and

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<sup>18</sup> It is important to point out that very often drugs and placebo effects engage the same neurobiological channels (Piedimonte and Benedetti, 2016), a further proof that, through two different routes, they act on the same inferential processes. Overall, predictive processing offers an important interpretative lens to the neurobiological studies of placebo effects.

Kirmayer, 2006; O'Sullivan, 2016; more about this in chapter 9). A symmetrical situation occurs with 'placebo effect': revealing to a patient that the treatment that healed them and which they put much faith in had no active principle, that it was 'just a placebo', is generally insulting. This is because the idea of 'placebo effect' is conceptually muddled: it is tied with connotations of deception and irrationality, and with the idea that healing is 'imaginary' (or 'all in the mind'), hence insubstantial.

Partly in response to such problems, a number of placebo researchers, including philosophers and anthropologists, have called for the rejection of the terms 'nocebo' or 'placebo' effects (Di Biasi, 2001; Nunn, 2009; Turner, 2012). The most adamant argument in favour of abandoning these terms has come from cultural anthropologist Daniel Moerman. Over the years, Moerman has gone to great lengths to argue that the phenomenon that goes by the name of 'placebo effect' should be reconceptualised as 'meaning response' (Moerman, 1979; 1981; 1983; 1992; 2000; 2002a; 2002b; 2006; 2011; 2012; 2013a; 2013b; 2017; Moerman and Jonas, 1999; Moerman and Harrington, 2005; Hutchinson and Moerman, 2018). Rebranding it as 'meaning response' – defined as "the psychological and physiological effects of meaning in the treatment of illness (Moerman, 2002b:14) – has several advantages. For starter, it avoids conceptual confusion when referring to cases of 'placebo effects' that do not involve the use of placebos (as in Benedetti's open-hidden paradigm). It also allows to consider a wide range of related phenomena that, because of the absence of physical placebos, are not usually studied under the same category despite displaying evident commonalities. Finally, the previous section has shown that 'meaning' is useful in calling attention to the prominence, the ubiquity and, especially, the cultural variability of the phenomenon, whose significance is undercut by the procrustean universalism of modern medicine.

Unfortunately, Moerman has not been able to convince the great majority of researchers to adopt this alternative terminology. The notion of ‘placebo effects’ is still widely used by both researchers and laymen, and it has not relinquished its heavy conceptual baggage. Some have argued that Moerman’s idea of ‘meaning response’ has weaknesses that prevent it from becoming a viable alternative (e.g. it is an epistemically moot concept (Annoni and Blease, 2018)). On my part, I believe that there is a more important reason behind the continuing popularity of the term ‘placebo effect’. This has to do with the predominance, in a post-Enlightenment culture dominated by biomedical discourse, of one particular way of talking about this phenomenon that stems from the context of randomized controlled trials. As Blease and Annoni (2019) helpfully pointed out, both researchers and laymen variably entertain two distinct understandings of the term ‘placebo effect’. Some people – mostly placebo researchers, including Moerman – adhere to an ‘ontologically-motivated’ understanding: the idea that ‘placebo effects’ are simply natural processes inherent to human experience, which scientists ought to investigate. From this viewpoint, few people would argue that meaning is unimportant to these phenomena. In fact, from the perspective of fields such as biosemiotics, ethnomethodology, or enactive and embodied cognitive science, it is proper to define ‘placebo effects’ as one class of ‘meaning responses’ to the environment (Hutchinson, 2016; Hutchinson and Moerman, 2018; Ongaro and Ward, 2017). This perspective, however, clashes with a ‘methodologically-motivated’ understanding of ‘placebo effects’, originating from RCTs, which see ‘placebos’ as having the mere instrumental function of gauging the size of a treatment effect. When talking about ‘placebo effects’ in the latter acceptance, the effects are wrongly characterized as being caused by substances (placebos) rather than by the healing process (Hardman, 2019). The conceptual confusion about ‘placebo effects’ lies in the frequent conflation of these two different

understandings (Blease and Annoni, 2019). As I have discussed in the introduction, the ‘methodologically-motivated’ conception has been powerfully underpinned by the rise of biomedicine and historically imbued with ideas of deception along with the derogatory notion of the ‘imagination’. Because of the cultural and institutional influence of biomedicine, it is difficult to uphold ontologically-motivated conceptions of ‘placebo effects’ against methodologically-motivated ones. It is difficult, in other words, to think of the ‘placebo effect’ as a ‘meaning response’ when its dominant methodological understanding connotes it as meaning-less.

I shall return to this point in the conclusion, where I will argue that, rather than a simple change in terminology, what’s needed to overcome the contradictions at the heart of this notion is a change in the collective attitude towards the ‘imagination’.

\* \* \*

The next chapter introduces the Akha of MawPae, the community in highland Laos whose complex healing practices and ideas I have studied while keeping in mind the perspectives of anthropological theories of healing efficacy and placebo science that I have just reviewed. The leading, overarching question will be this: supposing that humans possess, as placebo science suggests, a capacity to heal by way of ritual, how does the Akha system of therapeutic practices catalyse this healing response? I will examine the healing qualities of different rituals (with particular reference to Moerman’s list), how people learn about their power, the kinds of efficacy they are supposed to have, and the phenomenology of their performances. But I will also look at how Akha *think* about what we call ‘placebo effect’. As I mentioned, this question is of

great comparative value because, in Euro-American contexts, the notion continues to encapsulate profound contradictions that are central to modern naturalism.

There will now be a rather sudden change of topic, register, and scenery, but by the end of the thesis these two different worlds – Akha ethnography and placebo science – will be gradually brought together.

## **Chapter 2**

### **A short introduction to Akha traditional society and customs**

In the beginning, people and spirits lived in the same village, sharing the same houses. Tigers, boars and gaurs lived together with buffaloes, pigs, and chickens. At some point, people realized that when they went to work in the field, spirits, who stayed resting at home, would steal their eggs; and when people stayed at home to let spirits work in the fields, these would just eat cucumbers and lazy about. People and spirits began to fight and agreed that they should live apart from each other. On the night before leaving, spirits gathered together and plotted to build guns to drive people away from the village. An old human mother eavesdropped the intrigue and told the other villagers about it. People intercepted the spirits' plan and drove them away first, along with tigers, boars, and gaurs. But spirits did not desist. At one point, they tried to sneak into the house of the village leader through a crack in the wall. Upon realizing it, people shouted "peeehhh!" and spat at spirits, and splashed them with boiling water. They learnt that spirits could be scared away in this way, and built a gate at the edge of the village to protect themselves from further intrusion.

Akha myth (abridged)

### **Background**

MawPae sits on a slight dip off the side of a mountain top overlooking the Mekong, which in this region limns the natural border with Myanmar and, a little further upstream, China. From the ridge it is a scenic place. The ethnographer Karl Izikowitz, from whom we have some early memories of

northern highland Laos, wrote picturesquely of a “haze-filled landscape” making “mountain peaks appear as verdant islands of an archipelago in the middle of a sea of white clouds” (2004:97) - an impression reminiscent of my own memories of waking up almost every day to a still, expansive mantle of mist resting over the Mekong basin. As the mist dissipates with the late morning heat, and the place gradually reveals itself in shades of green, one also quickly comes to terms with its remoteness. It is a rugged, peripheral mountain district, walking-days away from the comforts of the nearest lowland town. To this day, it lacks modern amenities like an electric power line, water mains, or concrete houses. The only dirt path connecting the village to the lowlands, built around fifteen years ago, is often impassable due to frequent rains. Trammelled by remoteness and inclement weather, people live off their land and the game of the nearby forest, with little economic input from the outside. It is, indubitably, a harsh environment to live in, so much so that Akha themselves paint it in the most undeserving terms – “tough, dirty, full of pig shit” – asking me why, of all places, I had ended up staying with them. Throughout fieldwork I would usually bounce the question back to gather an altogether more interesting story. To explain why the Akha themselves have ended up here, in this forlorn swath of damp highlands, means delving into Akha’s remarkably complex culture and identity.

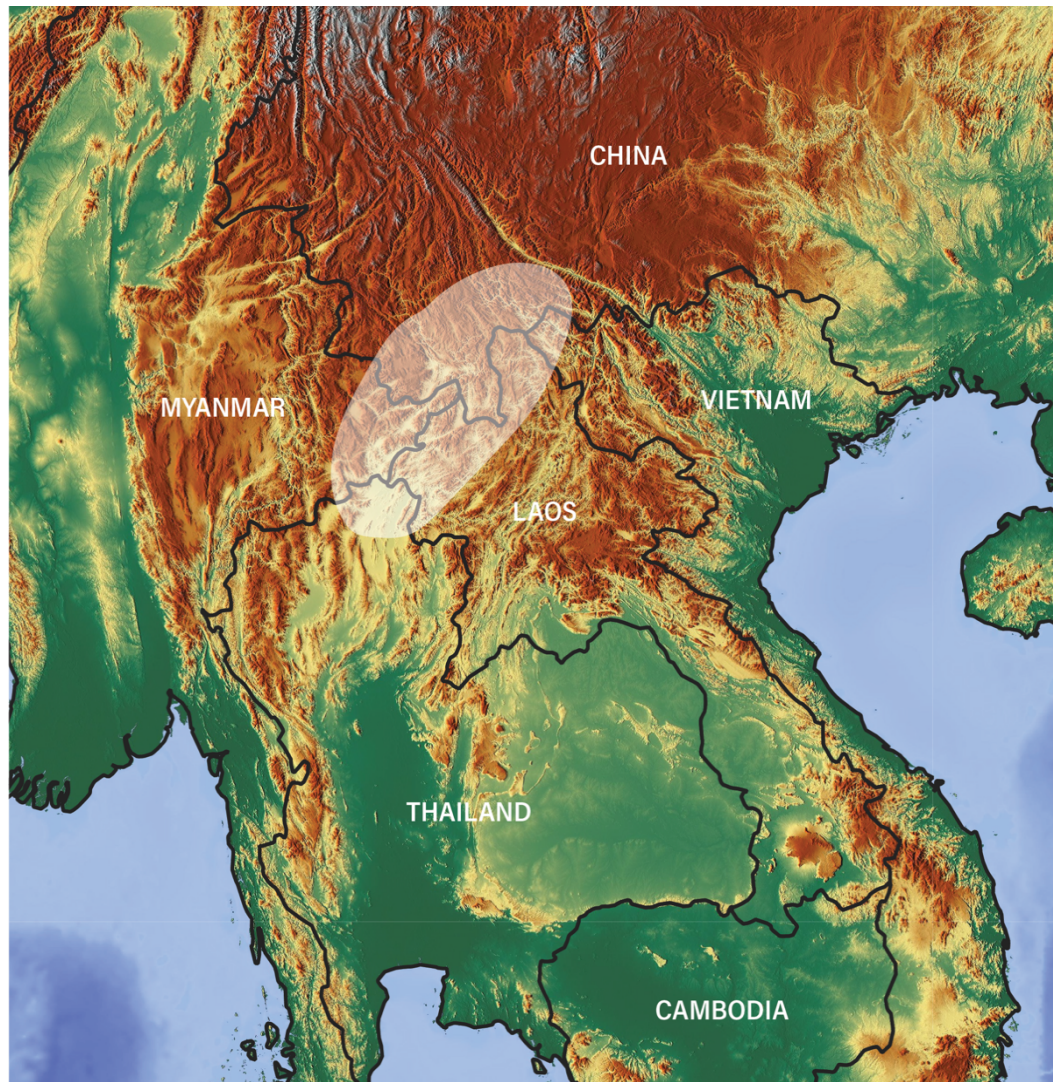


*Figure 1* MawPae village

Migratory farmers of Tibeto-Burman language origin, the Akha crossed the Mekong to settle villages on the Lao hills sometime in the 19<sup>th</sup> century, after a long southward journey from China. Their migratory trajectory led them (unknowingly at the time) into the confines of five nation-states. Beside Laos, they currently live in northern Thailand, in the Yunnan province in China, in the Shan state of Myanmar, and in the north-western tip of Vietnam – numbering some 750,000 in total (Wang, 2013:20). Of these, about 113,000 reside in Laos (Lao Statistics Bureau, 2015), scattered across the northern provinces of



Phongsaly, Oudomxai, Bokeo and Luang Namtha, where, in the district of Muang Long, we find MawPeh village.<sup>19</sup>



*Figure 2* Approximate area where Akha live

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19 See Badenoch and Tomita (2013) for an ethnic political history of Luang Namtha province.

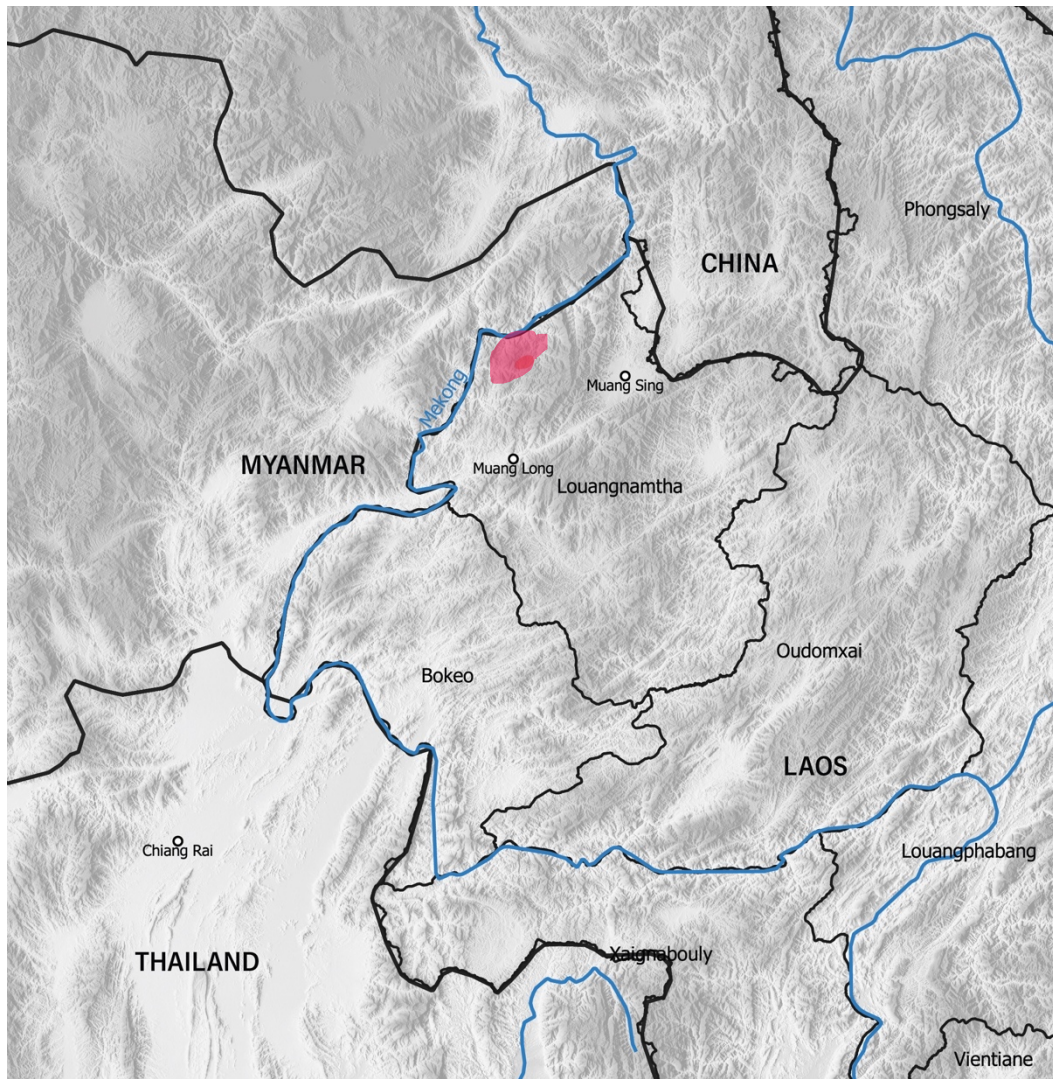


Figure 3 Approximate area of my fieldsite

It appears that between the 11<sup>th</sup> and the 13<sup>th</sup> century AC Akha had a state of their own. Chinese written state records chime with Akha's own legends that they once were what they call *sanqpaq* – the political authority of the region – that they had a ruler, and that subdued groups, including Chinese and Lao, paid tributes to them. Allegedly, this was in the mythical land of *Jadae*, which written sources place in southern Yunnan. Internal strife and external military pressures at the hands of the Mongols later led to the demise of the state,



reversing the power imbalance with their neighbours (Wang, 2013). Akha thus found refuge in the hills south of *Jadae*, dispersing in diaspora ever since.

From that time, they have come to occupy a highland region that, because of its transnational reach, has been given a name of its own in the anthropological literature: Zomia<sup>20</sup> (Van Schendel, 2002). The term refers to the huge swath of highlands stretching from north-eastern India to southern Vietnam, whose peculiarity as a geopolitical region is to have been historically out of the reach of governments. Its remoteness impeded major lowland power centres from exerting full control over highlanders, effectively allowing the creation of politically autonomous zones, and the proliferation of distinct ethnic identities. In Laos alone, Akha villages are interspersed with Hmong, Lahu, Iu Mien, Phunoy, Lolo, Khmu and Lamet communities, among others. With a few exceptions (e.g. the Phunoy; Boute, 2018), these highland societies stand out for being very different, both in terms of culture and modes of subsistence, from the politically dominant lowlanders. Driving from the lowland town of Muang Long towards the highlands means entering a strikingly different cultural universe. People of the plains like the Lao have had a state, permanent agriculture, a writing system, and Buddhism. Highlanders have lived in a condition of statelessness (until very recently, at least), shifting cultivation, orality, and animism: they practice a mixture of spirit cults and ancestor worship. This cultural divergence is often narrativized in the myths of the highlanders as being borne out of an actual historical separation. The spirits/humans origin myth given above can be read as a metaphorical rendering of an original split between Akha and lowlanders (Geusau, 2000; Scott, 2009).

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20 The name comes from 'Zomi', a term for 'highlander' shared by many Tibeto-Burman languages across the India-Myanmar border.

From the point of view of the lowlanders, hill tribes like the Akha are wild, peripheral people living at the very margins of civilization, but this narrative, unwittingly taken up by scholars of the region, has recently been questioned. The obduracy that highlanders have shown in staying remote and politically unintegrated for so long has led to the speculation that people of Zomia have lived in such far-off places precisely to escape the burdens of the lowland state – bureaucracy, slavery, corvée labour, warfare (along with epidemics) – in opposition to lowland cultural values (Scott, 2009). The myth of why Akha are illiterate arguably reflects a similar moral. It recounts how they used to possess writing inscribed onto a buffalo's skin, before a hungry man ate the entire buffalo, losing writing forever. All this suggests that Akha are not pre- but *post*-literate; not survivals of an early phase of evolutionary history, but runaways from many of the achievements that civilization prides itself with.<sup>21</sup>

Parallel to this process of rejection, the Akha have consolidated over the centuries a strikingly elaborate complex of customs – rituals, social norms, dressing codes, artefacts, etc. – that has served as the basis for their identity in such a context of power inequality (Geusau, 2000; Tooker, 2012; Morton et al 2016). Highlanders throughout the region are renowned in the literature for their deep sense of belonging to their own distinct group (e.g. Moerman, 1965). The elements that make up this body of customs are an effective diacritics for discriminating Akha from 'other types of people' (*aqcawq-e tsawrjeiq*) - starting from traditional outfits, which strike even the casual traveller as unambiguous

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21 This, anyway, is the central thesis of James Scott's influential *The Art of Not Being Governed: An Anarchist History of Upland Southeast Asia* (2009), a recent reconfiguration of lowland-upland relations that every student of the region has since been compelled to reckon with. It has stirred some controversy among regionalists. See Jonsson (2010) for a critique.

statements of difference (Akha appear to be 'dressed in flags', as Kammerer put it (1986:26)).



*Figure 4 Akha couple*

The most salient feature that bonds together Akha of all regions as an 'imagined community' (Anderson, 1983) is the shared descent from an apical ancestor, which is evinced by remembering one's genealogy (*tseevq*). As a strongly patrilineal and patrilocal society, they place high cultural value in the continuity of the patrilineal line, entailing that only male names are mentioned in one's genealogical tree. These genealogies are remarkable for their length: they typically stretch back to 60 odd generations, spanning about 1500 years. Importantly, identity for Akha is not based on blood ties and is largely performative. Foreigners can *become* Akha once they are accepted into the village, attach themselves to a patrilineage and genealogy and agree to 'take on' (*geevq*), and abide by, Akha customs (see Appendix B).

Geusau (1983) described Akha 'customs' - '*ghanrsanrkhovq*' in Akha - as "religion, way of life, customs, etiquette and ceremonies", adding that "it is hard to say where rite and ceremony begin and 'etiquette' ends, since a clear distinction between 'normal' life and formalized behaviour does not exist" (1978:3). They constitute a Maussian total social fact that encompasses at once the spheres of religion, law, kinship, economy, and, as we will later see, healthcare. They comprises prescriptions and proscriptions that coordinate practical activities as varied as building houses (e.g. how many rungs to fit on a ladder), hunting (e.g. how to kill game), eating (e.g. how to hold a bamboo teacup in ceremonies), sleeping (e.g. the direction one should sleep), and working in the fields (e.g. how to hold a sickle), and all complex non-calendric and calendric rituals that punctuate the Akha yearly cycle. They also include a rich body of oral stories, myths, proverbs, and ritual and shamanic texts, possibly comparable, as to breath and complexity, to codexes like the Vedas or the Old Testament, themselves oral before they were written down.

Customs are extensive because they pervade many domains of social life. They are expensive because they require the sacrifice of a high number of

animals every year. They are also many. A young man once emphatically said to me: “there are as many Akha customs as there are hairs on my head!” – a statement that betrayed as much pride as self-deprecation, for carrying such a heavy bulk of customs is sometimes lamented as being difficult (*yaw khav*). Nonetheless, the attitude of prim deference, solemnity even, that transpires when the subject is discussed in its details reveals that the practice and transmission of customs takes high priority in people’s system of values. In adhering to them, Akha see themselves as the contemporary bearers of an imposing and identity-defining tradition, handed down through the centuries by a long line of ancestors.<sup>22</sup>

The fully-fledged practice of ancestral customs is only made possible within the microcosm of the traditional Akha village. At its minimum, their observance requires a swidden rice field, an ‘ancestral section’ inside one’s house, and a given set of livestock to sacrifice to the ancestors, along with a number of village structures that are the focus of major calendrical ceremonies. Because of the tight dependence on the material conditions of the politically autonomous highland village, the viability of Akha customs has been particularly vulnerable to the wave of socio-political change that has marked the last phase of Akha history, as the Zomian period drew to a close. Novel external forces like the expansion of the lowland nation state (accompanied by the outlawing of opium, forced resettlement, the discouragement of swidden farming), the arrival of missionaries, and the encroachment of new modes of capitalist production, have challenged Akha autonomy and the traditional practice of customs. This process has taken different forms depending on which state the Akha found themselves within. In China, the disintegration of

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22 As Gustav Mahler once said, “tradition is not worshipping the ashes, but tending the flames”. This captures well Akha’s relationship to tradition.

tradition has mostly been the work of superstition eradication campaigns during the Cultural Revolution. In Thailand, it occurred mainly due to capitalist penetration and Christian missions during the 1970s and 1980s (see Sturgeon 2007 for a comparison), which saw the majority of Thai Akha abandon their ancestral tradition and take on Christianity (Kammerer, 1988b, 1990; Tooker, 2004; Morton, 2015a).

In Laos, history has run a different course. As I have already mentioned, globalizing phenomena have happened here too, but to a far lesser degree. Emerging from sixty years of slack colonial rule by the French and traumatized by the Second Indochina War (which made it the most heavily bombed country per capita in history), the new socialist Lao People's Democratic Republic formed in 1975 was an impoverished state faced with the enormous task of unifying a pluri-ethnic populace scattered across swathes of rugged terrain. The revolution of 1975 was followed by a decade marred by disastrous economic policies, topped by the collapse of the Soviet bloc, and the timid opening to the market from around 1999. Laos is to this day a 'least developed country', the poorest in mainland Southeast Asia. Almost all the modern infrastructural connections have been put in place only since the year 2000 (Cooper, 2014:162-174). Despite a rapid expansion of the road network, the goal of linking highlands to lowlands in proper ways remains incomplete. A cultural rift between highlands and lowlands in the face of nationalization has continued. One further explanation for this is the demographic weight of minority groups. In Laos, the lowland ethnic Lao (after whom the country is named) constitute just over half of the overall population, the rest being ethnic minorities mostly living in the hills (Lao Statistics Bureau, 2015). The Lao government has had to strike a balance between nationalizing aspirations and the official recognition of different ethnic groups and the respect of local customs, at least at a formal level, to avert the danger of insurrections (Evans,



1999; Pholsena, 2007). Furthermore, it has placed a ban on proselytization. Party doctrine sees religion as wasteful superstitious activity, with the exception of Buddhism, viewed as being compatible with Marxism (Stuart-Fox, 2002), and animism, whose 'superstition' is turned a blind eye to, and is not taken to be a 'religion' per se (hence, in the latest census 31.4% of Lao nationals appear to have 'no religion'). These three main factors, topped by Akha longstanding rejection of political inequality, have prevented ancestral customs and collective identity in Laos from following the course of Akha groups in other countries of the upper Mekong region.

A significant break with the past has nonetheless occurred. Despite its relative feebleness, the Lao government's number one priority since its inception has been to progressively achieve 'development' - '*patthana*' in Lao – and to leave the 'Least Developed Country' club by a date currently set for 2020. *Patthana* broadly means 'coming of age' in the era of globalization, scaling up on all living standard measures: education, healthcare, infrastructure, GDP, etc. as well as abandoning backward practices such as opium cultivation and swidden farming (Cooper, 2018). Marxist ideology has informed a strong commitment to bringing the 'least civilized' highlanders apace with the Lao in the collective realization of this goal.

Materially speaking, for the Akha of MawPae this has translated into changes that have had the effect of positioning them in a much closer relationship with lowlanders. A watershed event was the NGO-funded construction of a dirt road linking the lowland town of Muang Long to the highlands in 2002. This has allowed the Akha to travel more easily to the lowlands, and the Lao government to increase surveillance and expand national services in the highland region. Since then, the government has built in the district a secondary school, a clinic, and a police barrack, the latter the same month I arrived in my field-site. Soldiers come to the area to regulate land

use and to police illicit drug smuggling across the border, in an attempt to crack down on Akha's own opium production (not always successfully).

Government intervention has been accompanied by the actions of a Norwegian NGO, which has targeted selected Akha customs particularly those connected to gender relations. It aimed to promote women's participation in the community decision making, shifting the gender asymmetry that used to represent a pivotal organizational principle in Akha customs.<sup>23</sup> The NGO has also helped fund a secondary school at the centre of the district and primary schools in all villages. Nowadays, every boy and girl attend primary school, where they are taught in Lao, a language that however they do not seem to learn properly, out of shyness and poor teaching, unless they carry on to secondary school at the district centre. A few students finish the last four grades of secondary school in Muang Long. Fewer still continue to university in Luang Namtha or Vientiane. Literacy rates are on the rise but still relatively low on the national scale, with Akha ranking just ahead of the neighbouring Lahu as the most illiterate of the 49 ethnic groups of Laos (Lao Statistics Bureau, 2015). Finally, the already mentioned NGO launched a campaign of medical education in all villages, instructing people on hygiene, nutrition, STIs and water sanitation that in the villagers' view has notably increased health (NCA report, 2015). In 2003, by the will of the NGO, MawPae village moved from what I understand was a particularly unhygienic and disease-ridden site ("everyone used to die from fever") to the more salubrious area in which they live now, a couple of hundred meters upslope. The NGO also founded the district clinic in 2006, making medicine and medical assistance available to all nearby villages.

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23 See Kammerer (1988a) for a similar account of change in gender relations among Akha in Thailand.

I would often talk with my informants about the recent social change; they were keen to bring up the subject themselves. Overall, so long as it did not lead to exploitation, they held no ideological objection against integration with lowland cultures. When asked about the most significant changes of the past few years, they were quick to mention the wealth of material novelties brought by development. *Patthanà* meant the introduction of technologies whose efficacy in improving lifestyle glaringly surpassed that of indigenous techniques in several domains. From 2002, the following things became available: motorbikes, metal sheeting for roofs, portable solar panels, phones and a few TVs (since 2011), factory-made clothes, shoes and flip-flops, electric torches, plastic buckets, fertilizers and pesticides, and – within the biomedical domain – caesarean surgery, female contraceptives, vaccines, antibiotics, IVs, analgesic creams and a variety of other medicines, which achieved things that were unimaginable before. The fact that this sea of change happened at the time when the village was moved to a much healthier site bolstered even more villagers' gratified acknowledgement of *pattahà*. For the Akha of MawPae, development has mostly been a story of higher effectiveness, better health and increased comfort (especially for women). There is absolutely zero nostalgia for the harsh times of the past, except partly for customs and festivities, whose vitality has slightly dwindled since the arrival of the road. Thus, the Akha of MawPae say that although it is all so much 'better' (*yaw meeq*) now, they were 'happier' (*laqkhaqcaer*) before, but they would nevertheless never think of going back. Yet, while the effect of this change has been an attenuation in the vitality of customs – schooling, in people's own account, has taken time away from the memorization of oral texts; the influx of modern items has partly replaced certain traditional practices (e.g. weaving); other traditional activities have, by extension, felt similar effects (e.g. some ceremonies that required the sacrifice of three pigs, now require one, etc.) – they have lost little of their holistic,

pervasive character in daily life. These have partly outlived the pre-globalization context that first gave rise to them but are still held firmly in place by the power accorded to the ancestors.

### **The character of customs**

It is daunting to provide a short introduction to Akha customs. Their bulkiness is staggering, their intricacies stupefying. But this sheer complexity is underlined by some key general principles, mostly in the form of binary opposites that permeate all aspects of social life (for this reason, Kammerer wrote of the Akha village as a 'structuralist delight' (1986:62)). As I go through my partial account of Akha customs in a wide variety of social domains, I shall follow and highlight these symbolic polarities. I do so to reveal the coherence of customs – a coherence that is acknowledged by Akha themselves – but also to show that these symbolic binaries offer the general blueprint upon which healing rituals, discussed in the following chapters, are built.

### **The village**

A good place to start is the village structure. Akha villages are scattered at various elevations across the hills: a few of them are perched on mountain tops or sit by the edges of the Mekong, while most are distributed mid-slope, between 800 and 1500m of altitude. Since the government-planned resettlement policy of the last 20 years, a few dozen villages have adjoined the lowland towns of Muang Long and Muang Sing. MawPae is an average-sized village of 61 roofs, housing some 350 people. Factors such as overpopulation, land exhaustion, internal disputes, wars, or planned resettlement, prompt Akha villages to relocate with a certain frequency (elders in the area remember moving village at least once in their lifetime).

The key principle that the arrangement of the village instantiates is the concentric opposition between inside and outside. Every highland community is made of a close cluster of houses, spread on a slope, encircled by a belt of forest that sets it apart from fields, other villages and other types of forest, namely from the 'outside' world. Even with growing deforestation, at least a thin rim of bush is kept around the village. The village, thus structured, guarantees some protection from external forces like wild animals, lowlanders and evil spirits. Its 'inside' is perceived as a safeguarding, positive domain, seen as the fount of 'blessing' (*geeqlanr*), which, if rightly channelled by way of ritual, counters the negative forces impinging from the outside. Much of Akha ritual life perpetuates the separation between these two domains, closing off the intimate haven of the village from the threats of the outside world – a kind of cosmology that arguably derives from the history of interaction with, and exclusion from, the lowlands (Tooker, 2012).

Every Akha village features 'four corners' (*puqma oeq coer*), or four spiritually potent places, connected by intersecting paths.<sup>24</sup> One such corner is a set of gates (*lanrkanq*) – one positioned in the upper side, one in the lower side – that define the edge of the village. These spiritually potent objects are renewed every year in occasion of the Spring festival, a few weeks before rice planting. For this event, men from every household chisel out wooden figurines of birds, beehives, guns, spears and 'ritual stars' (*darlaer*) that are affixed to the newly erected gate in the direction of the forest, "so that bad stuff doesn't come in". Were 'outside' creatures (wild boars, deer) to trespass the boundaries set by the gates, the community organizes a purification ritual cordoning off the village to outsiders for the whole day. Absent among some

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24 My interlocutors' definition of 'four corners' differs from that of Wang's interlocutors in southern Yunnan, for whom these mean the four official ritual roles in Akha society (Wang, 2013:146).

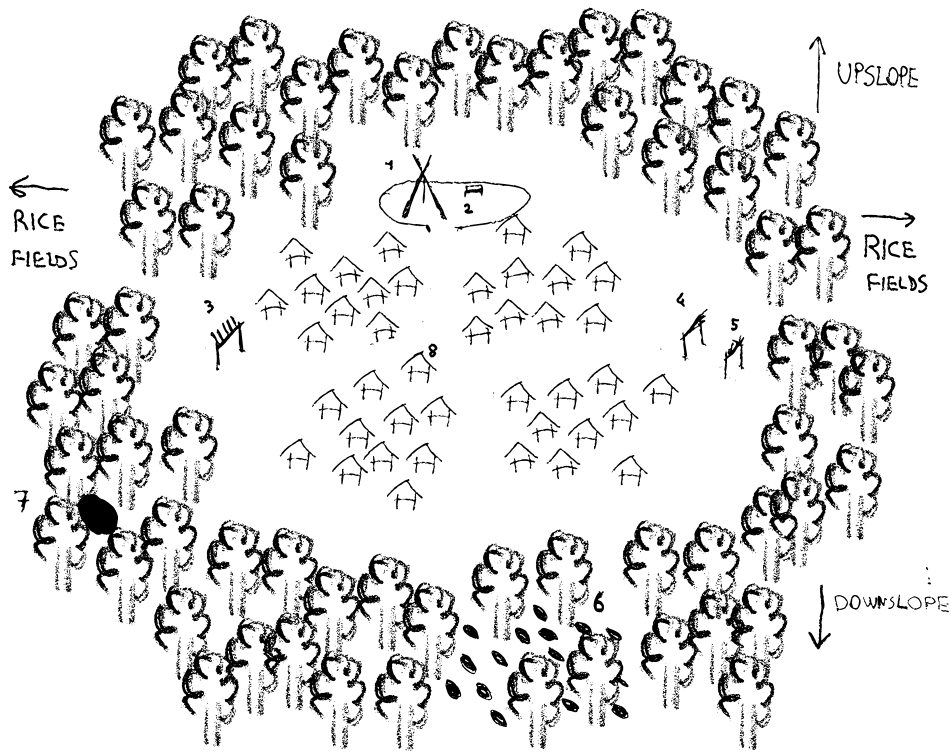
other Akha groups, but present in my village, is also a third gate, positioned a few meters above the southern gate. This is annually rebuilt in the event of the 'driving out the spirit ceremony' (*karyaevtæv*), a village-wide ceremony that re-enacts the original separation between humans and spirits.

Down a gully in the western side of the village one finds the 'holy water well' (*Eerxawr lawrkhawvq*), also called the 'water well of the Creator', *AqpoeqMiqyaer lawrkhawvq*, a second spiritually potent place. In Akha mythology, *AqpoeqMiqyaer* is known as the supreme ancestor who created the world as we know it. The water from the well that bears their name (*AqpoeqMiqyaer*'s gender is unknown) is fetched for each of the 12 yearly ancestors offerings, as well as for funerals and some healing rituals. The well is cleaned and renewed annually the day before planting. People sometimes bathe in the stream that feeds it. It is one of the few streams around the village to which split bamboo pipes are connected to make showers, a levelled area where people gather in group to wash themselves after a day in the field.

A third spiritually significant place is a tall tepee-shaped swing (*lavqceq*) located in the upper side, above all houses. The swing is torn apart and rebuilt annually a few weeks before harvest in late August. People are allowed to ride it for 15 days until the 'driving out the spirits ceremony', after which the rope is tied up and remains off-limits until the following year. This 15-day period is a merry time for children, and a relaxing one for men and women who have just completed the latest toilsome round of weeding. Right next to the swing lies the 'village playground' (*daekhanq*), a levelled area that in the evening invites a bustling crowd of children and teens who sing, dance and court each other (this is a custom that has reportedly slackened since the arrival of phones and TVs).

The fourth corner is the path leading to the burial ground (*lawqbymr garhaeq*), located south of the village within the forest fence, opposite to the holy water well, as fertility is opposite to death. It is hard to tell it apart from other bushy areas because Akha do not leave any marks on the graves, which are overruled by shrubs as time goes by. The burial ground is divided into a central section for burying people who died a 'good death' (*nmqxir*) and an external section for burying people who died a 'bad death' (*xarxiv*), deaths occurring by accident or outside the village perimeter. Though the entrance leading to the burial ground is considered one of the four corners of the village, the graveyard itself is an 'outside' domain infested by spirits. Nobody dares to venture in except at burials.

On the day before planting, Akha build a tall bamboo altar and perform a pig sacrifice to *MirSanr*, the Lord of the Earth, which dwells in a tall, imposing tree within the upper part of the forest belt. This is not classified as one the 'four corners', but it is an essential site of every village.



*Figure 5 Map of the village*

- |                       |   |
|-----------------------|---|
| 1. Swing              | 5. Gate built on the 'chasing the spirits ritual' |
| 2. Village playground | 6. Burial ground                                  |
| 3. Eastern gate       | 7. Holy water well                                |
| 4. Western gate       | 8. Traditional village leader's house             |

### **The landscape**

Up to one hour walk from the village lie the swidden rice fields, a vast patch of farmland subdivided into plots that are laboured by individual families. Rice is the staple food for highlanders and a pivotal ritual item around which much ceremonial life revolves (my interlocutors were astonished to hear that Europeans do not eat rice at every meal). Akha shift swiddens every year and fallow the land for 10 years before growing again in the same location. Though outside the village perimeter, rice fields are conceptually an 'inside' domain



(Tooker, 2012:77ff), made so by way of ritual. Fallow lands and forested areas ordinarily belong to outside spiritual lords; in order to temporarily appropriate these areas, Akha 'sign a lease' (Wang, 2013:120), as it were, with their spiritual owners, propitiating them with domesticated animals. Thereafter, the field is safeguarded as an inside domain through a set of rituals to ward off negative impinging forces. After the harvest, the field is returned to the spirit and made 'outside' again.

Running from February to October, the agricultural cycle follows seven main stages: selecting a land plot, cutting trees, burning the area, building a field hut, clearing the field, sowing, weeding (three rounds), and harvesting. Most of these stages are punctuated by ancestral offerings and a vast array of other ritualized activity, the full account of which would require a separate monograph (see Lewis, 1970a; Wang 2013:82-161 for exhaustive rundowns). Rice fields necessitate the constant labour of the whole family. Children as young as ten join their parents and older siblings in the routine tending of the field. But when labour becomes intense, as during the clearing of fields or harvesting, Lahu farmers are often hired in exchange for opium.

Akha cultivate a range of rice varieties depending on the type of soil and location, including glutinous (sticky) rice, whose significance as a ceremonial item warrants it a special lot in the upper side of the rice field. Along the edges of the field, rice is intercropped with a number of vegetables and fruits: pumpkin, cucumber, taro, banana trees, peanuts, ginger, sorghum, chilli peppers, among many others. There are also separate plots for opium, maize and cotton, which are scattered in the village environs, and which are rotated yearly or bi-annually. Opium is still the most lucrative cash crop, as well as an important medicine. Sensing that its cultivation is under threat, villagers have recently turned to other cash crops like rubber trees and *sacha inchi*. These are sold to the Chinese, who, like the Lao, have increased their presence in the

region in recent years. In MawPae only one household kept a small patch of levelled irrigated rice, though this practice seems to be more widespread among Akha in other areas. Oral texts are replete with imagery of such fields, suggesting that Akha might have been wet rice terrace farmers while living in *Jadae* state (Tooker, 1996).

Landscapes external to village and rice field, being 'outside' and dangerous, are accorded various degrees of prohibitiveness. Abandoned cemeteries or thickets of virgin forest remain off-limits. Other forested areas are walked through for various practical purposes. Women visit the forest to collect various types of wood on a daily basis. Men, on their part, tend large roaming animals: buffaloes (*aqnyoq*), cows (*mawrneir*) and goats (*civqmyaevq*) (before motorbikes arrived in the area, they raised horses, too). For the wealthiest in the village this can mean having up to a dozen buffaloes and a few dozen cows and goats. Water buffaloes in particular are highly valued animals that are sacrificed at funerals. Each village sets aside a hill of pastures and bushes for these animals to graze, which requires constant attention and fencing to keep them away from crops.

Other areas of the forest are trodden at certain times of the year for hunting, an exclusively male activity. Prey includes wild boars, deer, bears (now quickly vanishing from the area), rodents, junglefowls, and birds of many kinds. Like farming, hunting (and riverine fishing) is regulated by a wide array of taboos and rituals (see Bernatzik, 1970:460ff; Wang, 1998 for fuller accounts), which, as in other animistic cultures, effectively ensure that forest game is managed sustainably (e.g. Willerslev, 2007; Wang, 2013).



*Figure 6* Rice field

### **The house**

The opposition between ‘inside’ and ‘outside’ is reproduced within the village at the level of the household (*nymr*). Some of these ritual events demand that the house is sealed off to outsiders for the duration of the ritual, to recharge, as it were, its ‘insidedness’. Following a coinage by Lévi-Strauss (1982), Akha has been defined as a ‘*société à maison*’, or ‘house society’ (Tooker, 2012:117), one in which the individual household holds a comparatively high degree of significance and autonomy. Each house hosts a patrilineal family, the basic kinship, economic and ritual unit of Akha society (henceforth, I will refer to this unit simply as ‘family’). This typically consists of three generations: a grandfather with his wife or wives (polygyny is allowed, though infrequent),

one married son with his wife and their children, and other unmarried sons and daughters. On her wedding day, a daughter moves into her husband's and partly severs the connection with her natal household (she becomes 'other', *aqcawq*). Technically, the basic ritual unit is a household equipped with an 'ancestral section' (*aqpoeqpawvqlawvq*), an area of the house featuring ancestral paraphernalia that is used for offerings (see below). Upon establishing a new house, a son will continue to perform ancestral sacrifice at the father's section until he installs his own, usually within a year from construction.

At one order above the patrilineal family is the exogamous unnamed sublineage (made of 7 generations), while the highest kinship unit is the 'maximal patrilineage' (*guq*), which is named after an apical ancestor. Kammerer (1998:267) argued in favour of using the term 'maximal patrilineage' rather than 'clan'; referring to a group of people who share a common apical ancestor, the term 'clan' would describe the Akha ethnic group as a whole.

Like other highland groups in Southeast Asia – most famously the Kachin (Leach, 1954) – Akha have an asymmetric affinal alliance kinship system, whose minimal defining condition is a distinction between wife-givers and wife-takers groups. Any given family thus recognizes four classes of kin – wife-givers, wife-takers, non-kin and patrilineal kin – which are accorded different roles in ceremonies. Ritually, wife-givers are seen as superior to wife-takers. The latter needs to follow several proscriptions vis-a-vis their wife-givers; for instance, they cannot attend many of their rituals or eat certain types of their meat. Akha ancestors, so my interlocutors say, once upon a time declared that the mother's brother (*aqghoe*) – the wife giver par excellence – should be the most important (*yawq heeq*, meaning also 'big', 'powerful') kinship figure in Akha society. He is seen as a major conduit of blessing, vital for the welfare and physiological development of his sister's children. When children are in need of a healing or health-enhancing ceremonies (reviewed in

chapter 4) their mother promptly summons her genealogical brother (or a classificatory one if the latter is unavailable).

A full description of kinship relations, terminology and kinship-related rituals – complex as these are – would require a separate chapter (for an exhaustive account see Kammerer 1986; 1998). Let me return, however, to the house (*nymr*), to its physical structure in particular, which showcases a number of other salient oppositions in Akha culture, such as that between men and women. Houses are made of wooden boards and bamboo, with a thatched roof that is nowadays almost entirely replaced by corrugated metal sheeting. Initially built on the ground by newly married couples, houses are elevated on stilts after a period of time, keeping with a gerontocratic principle central to Akha culture that associates age and importance with ‘aboveness’. Houses are windowless, hence quite dark, rectangular chambers, internally arranged in a quadripartite order. Widthwise, they are divided by the main floorbeam, which marks the separating point between the ‘living’ side, where eating, cooking and working take place, and a slightly raised ‘sleeping side’. Lengthwise, they are divided by a partitioning wall that runs approximately half of the way towards the opposite wall, which evenly separates a ‘male side’ from a ‘female side’, with elders sleeping closer to the partition. The hearth, where women cook rice and other food, is located at the far end of the female side, though bigger houses have one in a separate room. The family eats together near the hearth, squatting around a short rattan table. Eating arrangements are gendered during ceremonies that are attended by many other village members. These occasions demand that elderly men eat on the raised male sleeping side and elderly women on the raised female side. Younger people eat on the lower side, but only after serving their elders.

One of the most significant features of the house is the principal housepost (*jmghoer*), which stands midway between the male and female

quadrants on the sleeping side. It serves as the abode of the main protective spirit of the household, *uqmovdzanrmir*, to whom a sacrificial ritual is arranged at least once a year, or in the event of illness.

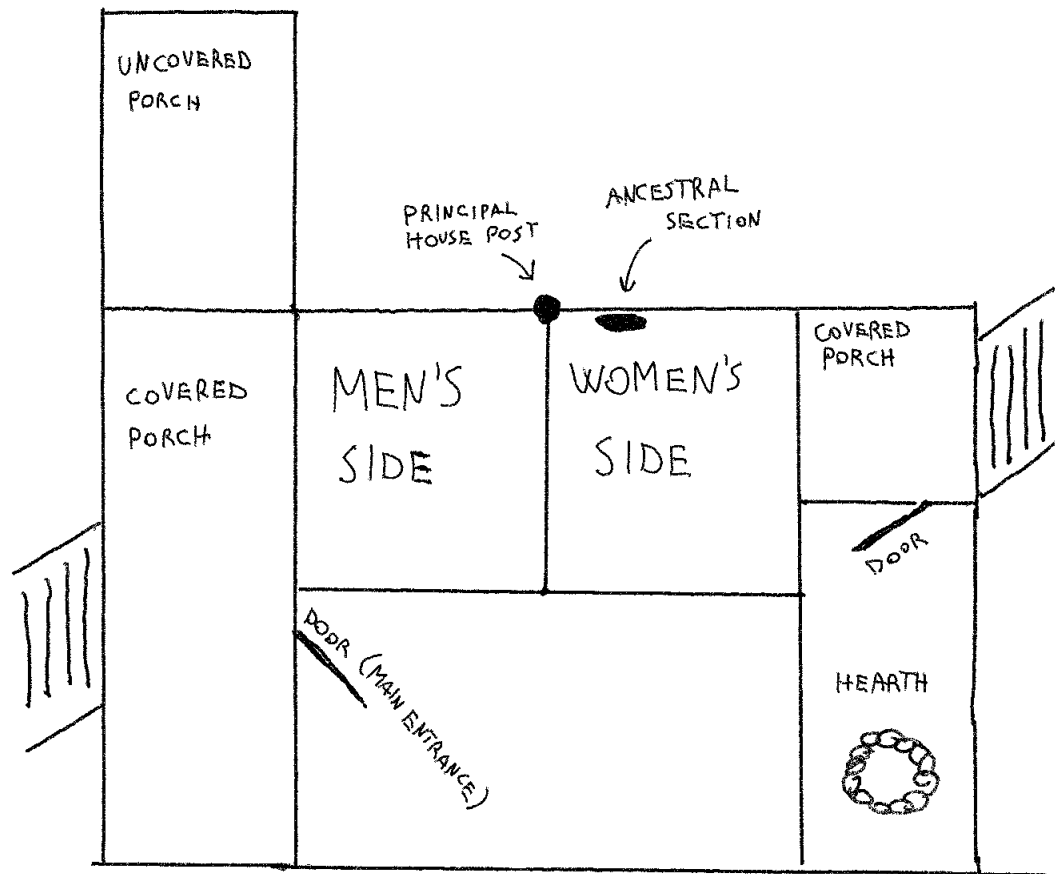


Figure 7 The structure of the house

The most spiritually potent area of the house is the ‘ancestral section’, the *aqpoeqpawvqlawvq*. It is here that Akha perform their twelve yearly sacrifices in honour of their proximate ancestors. In such a strongly patrilineal society, one might expect to find the ancestral section in the male side of the house. Instead, it is located on the female side. This male/female binary can be explained by juxtaposing it to the distinction between inside and outside: being the major source of blessing and protection, the ancestral section represents quintessential ‘insidedness’. Women, by virtue of cooking rice and their association with fertility, are also associated with the ‘inside’, in opposition to men whose distinctive activity is hunting, an ‘outside’ occupation (see also Kammerer 1986:284 and Tooker 2012:129 on this point). Unsurprisingly, hunting rituals are performed on the male quadrant.

The ancestral section consists of three main parts:<sup>25</sup> a tall basket placed on the floor, a cotton bag hanging from the wall and a long cylindrical bamboo segment hung from a rafter above the cotton bag. All of these are provided by the mother’s brother. The tall basket (*aqpoeqpawvqlawvq pawqtur*) contains a long white cotton drape that becomes a ritual item during shamanic rituals or ‘feeding the elders’ ceremonies (see chapter 4), and a short bamboo segment (*kanqtsee*) containing husked rice, an egg and nine sumac tree leaves. This paraphernalia complex is taken out in three occasions during the year: planting, upon returning the field to the spirits (*banqyoe pyaev*), and on the ‘bringing back the rice ceremony’. The longer bamboo segment (*bawlaw*) contains harvested rice: every year after harvest, during the First Rice Festival (*odovghawr*), three grains of the new rice are placed inside. It is only handled on this occasion and

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25 There is some regional variation in the design of the ancestral section and in the items contained in it. The one I observed in Laos differs from the descriptions in all other Akha ethnographies.

whenever the village spirit-priest holds a ceremony. Finally, inside the black cotton bag (*paer tanr*) hung above the basket is a wooden stick to kill chickens and another small bamboo segment (*lawgan*) containing pounded sticky rice inside and unpounded sticky rice on top. These items are taken down to feed the ancestors twelve times a year, or, sometimes, in the event of illness. Beside the bag, there are also a miniature table and a small wooden block. These are for the ancestors to sit and eat the offerings.

The ancestral section as a whole, featuring the triune complex of cylindrical bamboo segment, tall basket and cotton bag, materially instantiates the deep connection that Akha consciously make between the continuity of the patrilineal line and the continuity of the line of rice seeds.<sup>26</sup> Spiritual customs on which human life depends are deeply interwoven with the agricultural cycle. Being the material and spiritual pivot of life, the ancestral section is bestowed a high degree of respect and is shrouded in multiple taboos: people cannot handle it outside ceremonies, it must be cleaned at certain times of the year, only on certain days, and so forth.

On the day of the ancestral offering, the family sacrifices a chicken and ritually feeds the ancestors at the ancestral section.<sup>27</sup> The male elder that lays the smidgens of meat and rice on the miniature table for his ancestors does so in a similar way as young people feed their elders at communal meals. Ancestors are thus effectively treated as elders, the ritual being a

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26 See Freeman (1970) for a similar parallelism among the Iban of Borneo.

27 See Kammerer 1986:154-164 and Morton 2015a:134-151 for meticulous accounts of this rite among Akha in Thailand, not very different from the offerings I observed in Laos.



communicative channel whereby the dead act, ambivalently and just for a stint of time, as living members of the household.<sup>28</sup>

Ancestors are 'above' their descendants as elders are 'above' younger people, both in terms of importance and spatial coding. For instance, it is forbidden for a young person to reach for something that lies on a shelf above the head of an elder, let alone drop it. Like inside and outside, the above/below dichotomy is very salient and takes many forms. It guides gender relations, to the effect that man must be above and woman below, a rule that (reportedly) is most prominently realized in sexual intercourse. It is also instantiated at the household level – e.g. the attic is off-limits to everyone except the house owners – where it intersects with the other very salient distinction of humans versus animals: humans must be above, animals below. In the same way that outside animals cannot enter the village, inside animals cannot climb on top of roofs. Seeing a pig, dog, chicken or goat climbing the roof is an ominous event that signals a deficiency of blessing for the household. Customs command that the reckless animal is killed, and its meat distributed evenly among all villagers with the exception of the animal's owner and the members of his maximal patrilineage. Before long, the unlucky family will summon a spirit-priest to restore blessing.

### **Livestock: sacrificial matter**

A few words, then, on livestock raising inside the village, a routine chore that falls mainly on women. Aside buffaloes, cows and goats, herded by men and seldom seen in the village, Akha raise pigs (*aqghavq*), chickens (*ghaciv*), ducks (*paertei*) and dogs (*aqkeeq*). These represent the *materia sacrificium* upon which

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28 See Kopytoff's (1971) for a similar likeness between ancestors and elders in an African context.

health and well-being depend. Only male individuals, or shamans (who can be women), are allowed to kill livestock.

Every household, on average, has a dozen laying hens, two or three roosters, and around 20-30 chicks which are left to peck freely within the house fence and its surroundings. Preferably, the flock should also contain a couple of white chickens as these are required for particular healing rituals. Chickens are fed twice daily with paddy or maize. The owner clucks and waits the brood to gather below the house. With a whip in her hand, she slaps away intruders that do not belong to the family. Outside ritual occasions, chickens are killed to welcome occasional guests from other villages. They are also kept for eggs, a very important ritual item. Since hens do not lay more than 25 eggs a year – and many types of ritual require them – eggs are rarely eaten in non-ritual occasions. Rituals demand that animals have no physical abnormalities so that chickens with feathered feet, or with deformed feet, are not sacrificed.

Ducks are not as important as chickens and are not raised by every household. They can be sacrificial animal only in a very few types of healing rituals. They are raised similarly to chickens, though killed in a different way. While chickens are struck with a wooden stick on the head, ducks are slowly bled from the throat, but never decapitated until they are completely dead (by customs, living beings should not miss body parts while alive).

As sacrificial animals, dogs are killed more frequently than ducks, but are not as central as chickens or pigs. Every household keeps a few dogs as guard animals. They recognize and bark at non-Akha entering the village or at any stranger that walks into the house's premises at night-time. According to people, dogs can 'see' spirits. When they bark at night in the absence of a human intruder, the house owner will say that spirits are passing by. Sometimes, he goes over to the veranda and fires off a rifle shot towards the

forest to scare the spirits away. Some families keep a pack of dogs for hunting and train them for years towards that purpose. Hunting dogs are more nourished and well-kept than the ordinary ones - usually, scrawny, glum-looking creatures that are constantly castigated by their owners or shooed when they approach the dinner table. They feed on kitchen refuse and lick up scraps around the house. Dogs are slain with a violent club on the head. Along with serving as sacrificial victims, they are usually killed to celebrate the construction of houses, or to feed Lao soldiers when they come to the village, "to appease them and letting them go away" (notice, again, a parallelism between spirits and lowlanders). When dogs are not available, goats can function as substitutes, both in rituals and celebrations.

Pigs are the most prized sacrificial animals after buffaloes. They are black and smaller than the white pigs found in the lowlands, and much tastier. At the very least, a family should have one breeding sow; on average, they have about six or seven. They are fed every morning and evening with cooked maize and young banana stalks. The owner lets out a yowl that calls the pigs to the trough – a hollowed log located right below the female side of the house – flogging away foreign pigs with a stick. Pigs lazily saunter about the village and surroundings, root for grubs in the soil, or slumber piled up on one another, basking in the sun. Most male pigs are castrated when they are young so they can grow fatter and faster. Typically, a pregnant sow gives birth in the nearby forest and waits for the human owner to come and escort the litter back to the village. Families like to keep a balanced number of female and male pigs because ritual sacrifices might require one or the other depending on the occasion. The killing of a pig involves two or more people firmly holding the animal by its legs while another person thrusts a sharp knife aslant its jugular vein, letting it bleed to death. Sows in particular are culturally very important as they constitute the essential means of ascending to ancestorship after death.

Funerals cannot be arranged unless the family possesses a sow – or else a female buffalo – to sacrifice. In one telling episode that occurred while I was in the field, the village elders decided to punish a family for having planted opium in a forbidden place for three consecutive years. Because the family head remained heedless to reprimands, the community decided to snatch his (only) sow and hold a collective feast. Beside himself, the owner inveighed loudly from his porch: “You’ve killed my sow! You’ve thrown away my *aqpoeqpawvqlawvq* [ancestral section]!” The sow was metonymically linked to ancestorship.<sup>29</sup>

### **Further customs**

Pigs and humans behave antithetically to each other in other ways. Pigs live below, humans above. Pigs tend to give birth in the forest and to multiple offspring, humans tend to give birth inside their house, to a single child. Akha customs bestow this state of affair with normative status, giving way to their most notorious taboos: on the one hand, they kill pigs that farrow less than three offspring; on the other hand, they kill human twins. When one sow in my village gave birth to only two piglets, both sow and piglets were bludgeoned to death. The ‘impure’ meat was not eaten by the owner and his patrilineage; it was shared among all other villagers but cooked and consumed outside the house. Sow and offspring are also killed when birth occurs inside the village (no matter how large the litter). I have never witnessed a birth of human twins during my fieldwork. Because it is the most dreaded and calamitous event that can possibly befall on an Akha family, I was able to discuss it with some people

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29 So are buffaloes, for those who have them. These are mostly sacrificed at funerals, where they are tied to a pole and speared, amidst many elaborate ritual procedures.

only a few months into fieldwork. As they told me, twins, but also hare-lipped, polydactyl or variously misshapen babies ('human rejects', *tsawrpaer*), are asphyxiated in ashes and buried in the forest outside the village. The parents must spend a period of days half-naked in the forest, while their house is burnt down with its contents and their livestock taken away. The couple is allowed re-entry only when complex and expensive purification rituals have taken place. Even so, the misfortune imposes a lifelong stigma on the parents: although other people's ways of interacting with them will remain unchanged, their names will be written off their genealogies, they will be *persona non grata* at major village ceremonies and they will be considered 'lower people' (*tsawrhaq lavqov*) by the rest of the community. About twenty years ago, a member of my adoptive patrilineage became a parent of twins, and although long time has passed since then, emotionally, the man still seems to be bearing the scar of that ominous event.<sup>30</sup> A pregnant woman and her husband are also temporarily considered 'lower people' and are subjected to the same ritual restriction as the parents of twins.<sup>31</sup> Along with twins and deformed babies, Akha report that they also kill babies who are born out of wedlock. In order to belong to a lineage and eventually ascend to the rank of ancestors, children at birth should always have a father and a mother. Indeed, as soon as an unmarried girl becomes pregnant she is rushed to get married, regardless of whether the husband is the biological father.

The matrix of binary opposites reviewed so far (inside/outside; below/above; pigs/humans; etc.) is further interwoven into the natural opposition between wet and dry seasons. Heavy rains begin around May,

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30 The abolition of this taboo has been a priority for neo-traditionalist Akha in Thailand, who have tried to reform customs in a way that is compatible with state law (Morton, 2013; 2015a).

31 The connection here is not entirely clear to me, but see Cotenat (1989) for an interesting hypothesis.

intensify by July-August and peter out by the end of September. The rainy season (*yawrgghanr yamq*) is the season of rice cultivation and is for this reason explicitly associated with women. The dry season (*jawrla yamq*) is the period of hunting – individual hunting goes on all year around, but collective expeditions are undertaken especially during this season – and is therefore associated with men. The dry season is also the period of courting, marriages and house building. Rice sowing, heralding the wet season, marks the time when spirits are said to “come to the village.”

The agricultural cycle is punctuated by a wide range of ancestral offerings, rice rituals and collective ceremonies, most of which celebrate the end or the beginning of a particular farming period. Kammerer (1986:285) perceptively notes that these rituals do not so much ‘mark’ the yearly cycle but ‘move’ it, in the sense that, as Akha see it, they *enable* the next agricultural stage. Their purpose lies in their effectiveness. To the question “‘Why do you perform this ceremony?’ the typical answer is “so that the rice grow well” or “so that the harvest will be plentiful” (as well as “because ancestors told us to do so”).<sup>32</sup>

One Akha year runs from the New Year ceremony until its next occurrence, usually at the end of December, but it is not made of a set number of days. The day of this ceremony is independently decided by the elders of each village about a week in advance, depending on when all necessary agricultural and fencing works have been completed. This three-day ceremony serves as a kind of collective birthday, in which every person in the village gains a year of age. The day of any calendrical or non-calendrical ceremony that mobilizes the entire community must also be a ‘sacrificial day’ (*nan lawr*), in

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32 This dissertation is mostly focused on non-calendrical rituals and lacks the space for a detail account of calendrical ones calendar. The interested reader can refer to the works of Lewis (1969a), Kammerer (1986), Tooker (2012) and Wang (2013).

which farming and some types of house chores are forbidden. Similarly to the Chinese, Akha years bear animal names, which are the same, and in the same order, as the names contained in a cycle of days (*nan jawr*, 13 days). Every patrilineal family keeps track of the animal days in which members of the household were born or died because on these days it is forbidden for the family to hold certain ceremonies or to take on particular roles in other families' rituals. The cycle of days is an important temporal unit for determining the time of certain ritual prohibitions. For instance, a family is subjected to certain taboos for one cycle of days after summoning the shaman or the spirit-priest, a newborn baby is not allowed to exit the perimeter of the house within the first cycle, and not allowed to exit the village for ten cycles, and so on.

### **The ritual specialists**

Akha customs call for a set of ritual specialists (*pirtsoev*) that each village should ideally have. They are cardinal figures in Akha myths and ritual texts and their presence in the village is said to keep the community healthy and in a buoyant mood. These are:

- ***Dzoeqma* – the traditional village leader**

The first morpheme of the term - '*dzoeq*' - is usually translated as 'ruler' in the Akha literature, though it should be noted that the role undertaken by the officiant is not as autocratic as implied by the English term. He is the person who takes care of the village's 'four corners' and leads off all ceremonies devoted to these spiritually significant sites. Decisions as to when and how to perform collective ceremonies (e.g. rituals that fight off epidemics), and when to call for a 'sacrificial day', are taken at his house (at the centre of the village) in consultation with other respected elders. In short, he oversees the correct

practice of all customs and is symbolically responsible for the health and prosperity of the community. A *dzoeqma* must be male and 'pure', meaning that his family must not have had 'human rejects' in the previous seven generations. The position tends to be hereditary and is considered the most important of the village.

- ***Bajiq* - the blacksmith**

This position, likewise restricted to men, is not necessarily hereditary though it is often passed on from father to son. Blacksmiths buy iron from the lowlands (historically, a rare example of economic dependence on the lowlands<sup>33</sup>) to forge farming tools for all villagers: knives, hoes, sickles, and so on (of late, people also buy these tools from the lowland market but acknowledge their inferior quality). Most importantly, the blacksmith is in charge of forging the ceremonial knife (*lavqyaeq*) of spirit-priest and shaman, which is used to sacrifice pigs in healing rituals. This honoured task is only reserved to blacksmiths who have achieved the status of 'master'. The position admits the ranks of both 'master' and 'apprentice'. The first is called *pirma*, where the morpheme '*ma*' means 'chief' or 'important'; the second is called *pirzaq*, where '*zaq*' means 'small', 'young' (the same ranks apply to the positions of spirit-priest and shaman). An individual can also undertake this vocation when he is 'called' by spirits ('*galei*'). MawPae only had one apprentice blacksmith.

- ***Boermawq* - the spirit-priest**

The spirit-priest is responsible for performing purifying and healing ceremonies during the day whenever summoned by individual households.

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33 See also Evrard et al. 2016 on metallurgy and lowland/highland relations.



The role is restricted to males and is non-hereditary. An individual becomes *boermawq* after being 'called' by spirits (*galei*), usually following a period of illness. He will work as an apprentice (*pirzaq*) alongside another spirit-priest until he has mastered the huge body of oral texts that are recited at rituals. When sufficiently knowledgeable, and if willing to do so, he can request to be ordained as 'master' (*pirma*) through an expensive ceremony. Among the Akha of Thailand and Myanmar the spirit-priest is not usually called *boermawq* but *pirma* (Lewis, 1969a; Kammerer, 1986; Tooker, 2012) whereas in northwestern Laos the latter only denotes the rank of 'master', whether blacksmith, spirit-priest or shaman. MawPae had one spirit-priest master and one apprentice.

- ***Nyirpaq* – the shaman**

The shaman is the healer *par excellence*, summoned to perform nocturnal seances whenever a household member is seriously afflicted by spirits. Shamans can be both male and female, but are usually female. As with the spirit-priest, an individual becomes shaman after a 'call' from the spirits; a period of apprenticeship (*pirzaq*), usually lasting many years, can lead to the installation as master (*pirma*) after an elaborate two-day ceremony. MawPae had two shaman masters and fifteen apprentices at the time of my fieldwork. These were all women, though I met a few male shamans in other villages. In the ethnographic literature on Akha, the figure of the shaman has been overshadowed by that of the spirit-priest, who is known to recite a more codified and respected version of oral texts, and who, at least in Thailand and Myanmar (but not in Laos), takes on an important role at funerals. In the area where I worked, however, most healing performances were carried out by shamans. The latter part of the thesis – chapter 6 and 7 - is largely devoted to

them, their nocturnal healing seances and path that takes them from shamanic sickness, to apprenticeship, and finally to fully-fledged shamanship.

Alongside the four ritual specialists (*pirtsoev*)<sup>34</sup> there are other persons of authority in the village who are mostly in charge of political and judicial roles.

- ***Jawrbav* - the village headman**

The headman acts as the liaison between villagers and the Lao government. He hosts officials when they visit the village, attends regular meetings in Muang Long and is given a small monthly stipend by the government. In the past, the headman dealt solely with relationships with other external groups, while internal affairs were the concern of the village leader. In recent years, the Lao government has upset this diarchical rule by demanding that the headman deals also with some internal affairs, such as mediating intravillage diatribes, collecting money for communal works, settling cases of divorce or adultery – tasks previously taken up by the village leader. It is debated in the literature whether the headman is an historical innovation in Akha culture, since it does not appear in oral texts collected in Thailand and Myanmar (Lewis, 1969a). My interlocutors reported that Akha villages have always had a headman and the shamanic texts I collected mentioned this figure, albeit in a minor key. There is no fixed mandate for this position. Headmen are appointed and removed

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34 Ethnographies on Akha in Thailand and Myanmar also mention the existence of the ‘White-Skirted Woman’ (*yayaer aqma*) (Kammerer, 1986:306-382), or ‘Fertility Mother’ (Tooker, 2012), who officiates a variety of kinship and fertility rituals. Akha in northwestern Laos do not recognize such position, nor have they ever heard about it. However, among the Akha of MawPae the white skirt is donned by the master shaman during healing seances. It also appears in other occasions (weddings, funerals) and carries an important symbolic value discussed in chapters 5-6.

through consensus-based decision. Throughout fieldwork I lived in the house of the person who was the headman at the time of my arrival (he gave up the role shortly after as he was tired of doing it).

- *Aqbawr yawqmarwq* – the elders

In this gerontocratic society, elders occupy a very important decision-making role in meetings and in judicial matters. Village meetings held at the headman's house, attended by one male head per household, are based on a process of consensus, in which the words of elders are given more weight. Particularly respectable are the elders who frequently attend meetings and collective rituals, speak intelligently, and are not addicted to opium. These are also the men who at ceremonial meals feel entitled to sit at the innermost part of the raised quarter of the house.

### **Death, sacrifice, and asymmetrical animism**

The most salient binary opposition in Akha culture, the major principle that underpins their customs, is the opposition between humans and spirits, or between life and death. Though conceptions of spirits are subtle and elaborate (see chapter 5), these are generally imagined as dead people who live in a world that is pictured as the reversal of the world of humans. They live in villages, work in the rice fields and raise animals like humans, but day among spirits is night among humans, and wet season among spirits is dry season among humans. Spirits also attack humans; they are ravenous of their soul, they like to gnaw on it. Humans must stave them off, primarily through sacrifice.

As the temperament of spirits towards humans depends on how smoothly they depart from the human-world, a great deal of care, almost to an

obsessive degree, is accorded to funerals. When MirDoq, a 24 years old pregnant woman, died due to complications during childbirth at a lowland hospital, the 7-day funeral that followed back in the village was saturated with fear – fear that any mistake committed during the rite might further upset the freshly departed soul and imperil the living, having occurred outside the village, at a young age. This was a ‘bad death’ (*xarxiv*) (for the Akha, to die a ‘good death’ is to die within the perimeter of the village, in old age and never by accident)<sup>35</sup>. Ordinarily, people who die a ‘bad death’ are buried on the spot, unless the family has enough money to sacrifice a female buffalo, a measure that allows the corpse to be brought back and be interred at the village burial ground. This is what happened in MirDoq’s case. The complex funeral that ensued was about transforming a ‘bad death’ into a ‘good death’, and install MirDoq as an ancestor for her family, who will have to ritually respect her from then on. But if for MirDoq’s husband and children she became an ancestor (*aqpoeaqpir*), for the other villagers she turned into an evil spirit (*naevq*).<sup>36</sup> Good death or not, a young person who dies is always cause of distress, as the young soul, unlike the old soul, is restless and uneasy and can vent her disquietude on the living. For one week, a feeling of gloom descended on the village. Lights and candles were put off after sunset, family members slept together, and daily meals were said to “taste of death”. For a long period after her death, numerous people claimed to have heard her screaming from the forest, in the direction of the lowland town where she died. She also disturbed many people’s dreams. With time, the memory of her individual identity will fade away and she will then become part of a broad class of spirits that have died a similar death (*xav*,

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35 See Formoso (1998) for a comprehensive account of ‘bad death’ among a neighbouring group.

36 As Wolf famously put it with reference to a similar ethnographic context, “a man’s ancestor is another man’s ghost” (1978:146).

souls of people who have succumbed to 'bad death', usually lingering in the forest) and will afflict the living in that capacity. Against these attacks, Akha have an elaborate system of sacrifices (explored in chapter 5).

The culturally salient opposition between humans and spirits, life and death, is reflected in the perception of a number of other positively charged (life-related) and negatively charged (death-related) events or domains of social life, which Akha strive to maintain separate, since any death-related phenomenon would tarnish the positive valence of any life-affirming event or domain. For instance, if a mother with her young baby visits the village of her brother to perform a 'mother's brother blessing ceremony' (a life-affirming rite), and someone dies in that village on the same day, she will quickly return back home: the village is negatively charged and would sully the blessing ceremony. In the case of outside rituals, the leftovers of the meal consumed at the point of contact with spirits (a negatively charged domain) are not brought back to the village (a positively charged domain). Examples abound.

The overall symbolic opposition between life and death also trickles down into a variety of minor rules and customs of daily life (or 'cosmo-rules' as Howell 1984 would call them). This became apparent to me when I witnessed MirDoq's funeral towards the end of my fieldwork, as I realised that many (seemingly arbitrary) customs I had observed before were structural inversions of funerary customs and ritual acts. For instance, people cut hair and nails of the deceased at night-time, and so they are only allowed to do so to themselves during the day. On the first night of the funeral, they weave clothes for the dead, so in any other ordinary circumstance they can only weave during the day. Before making the coffin, they must measure the height of the corpse, hence people ordinarily are not allowed to measure their height. At funerals, the sacrificial buffalo or pig has leaves put in his mouth after the killing. In ordinary life, by contrast, if a hunter kills a boar and finds leaves it was

munching in its mouth, the boar is ill-omened and will be left in the forest. The life/death dichotomy pervades Akha customs.

All these customs and cosmological ideas are motivated by an animistic disposition towards the world, the attribution of intentionality to various non-human entities in the universe. Animism takes a variety of forms across cultures. For scholars acquainted with the classic venatic animisms of Siberia or Amazonia, the account just presented stands out primarily for the asymmetry between humans and spirits, and for the practice of sacrifice, both absent in the abovementioned locations. Asymmetry and sacrifice, as Århem (2016a; 2016b) recently argued, are the two intertwined aspects that typify animism in Southeast Asia, or what he has called 'hierarchical animism'. In many ways, spirits stand in a position of superiority vis-à-vis humans (spirits attack and want to eat human souls, humans defend themselves). Sacrifice is the act through which this asymmetry is negotiated. Domesticated animals, by being reared from the time of their birth, become part of humans; they acquire a degree of personhood (Sprenger 2016; 2017). Through sacrifice, humans propitiate spirits by killing animals that act as surrogates for the human soul (they become 'vicarious humans'). The 'ritual economy' of highlanders like the Akha revolves around this culturally integrated complex of livestock rearing and animal sacrificing, in which people's health is inherently implicated.



*Figure 8 Pig sacrifice*

## **The place of medicine**

In the next five chapters, I will be delving into the details of Akha healing practices, but before I do that, I shall offer some general remarks about them. A general finding of my fieldwork is that the introduction in the area of modern medicine over the past fifteen years has not displaced traditional healing practices. The frequency of the use of Akha's own treatments has slightly diminished as a result of the availability of pharmaceuticals, but the *kinds* of Akha healing practices currently in use are virtually the same as those of the pre-development era – so I was told. The documentation of these practices might therefore be of some value to those who wonder what healthcare can look like in a social context that falls largely outside the orbit of biomedicine or

of any other literate medical tradition (e.g. the so-called 'Asian Medical Systems' of the lowlands: Ayurveda, Traditional Chinese Medicine, etc. (Leslie, 1978)).

Until a few decades ago, anthropologists would have spoken of 'primitive medicine' to refer to such a context (Rivers, 1924; Montagu, 1946; Glick, 1963; Ackerknecht, 1942; 1972). What makes primitive medicine distinctive, early medical anthropologists opined, is its embeddedness within the overall system of customs and its richness of magico-religious elements. It does not form a compartmentalized domain of activity but is part and parcel of a total social fact.<sup>37</sup> According to such definition, the Akha medical system as a whole could be considered as a case of 'primitive medicine'. There is no need to explain why I find the use of the term 'primitive' inappropriate. However, I also have a quibble with the term 'medicine'. Anthropologists over the past half century have tended to put every practical action having to do with the treatment of illness under the rubric of indigenous 'medicine'. The (relatively late) growth of the field of medical anthropology has gone hand in hand with this shift (Young, 1982), which has particularly intensified over the past few decades. With reference to the African context, Susan Whyte writes:

“In the past fifteen years, an important shift has occurred in anthropological studies of African misfortune. Affliction, which was once dealt with in monographs on African religion and cosmology, now seems to belong to the realm of medicine and medical anthropology. What we

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<sup>37</sup> On this count, 'primitive medicine' would be a more specific concept than 'traditional medicine', which could define a non-Western healing system whose elements are separate from those of other spheres of social life, such as ritual or the economy. As Glick writes in his description of Gimi's 'primitive' medical system, "The elementary aspects of Gimi social life are the essential background to Gimi medicine" (1967:39).



knew as divination now appears to be diagnosis; what we analysed as ritual is termed therapy. The victim of supernatural forces is called the patient, and his or her relatives – the therapy managing group. Ritual specialists have been discovered – by both development aid organizations and the African press – to be ‘traditional healers’. One is tempted to speak of the medicalization of African religion.” (Whyte, 1989:289)

In this thesis, I will argue that in making this move anthropologists have often distanced themselves from the emic understanding of the category ‘medicine’ and have, accordingly, missed something fundamental about the nature of healing that many people, including the Akha, instead appear to grasp. Akha do not apply the word ‘medicine’ to the entirety of their healing practices. They make a fundamental distinction between herbs, spells and modern medicine, which fall within the self-contained domain of ‘medicine’ (*yavghavq*), and healing rituals, which are part of the holistic domain of customs (*ghanrsanrkhovq*) and are not viewed as medical practices. While the former treat non-spiritual illnesses, the latter treat illnesses caused by spirits. As I will progressively elaborate on in the following chapters, this distinction maps onto Foster’s (1976) distinction between ‘naturalistic’ and ‘personalistic’ medical systems (which, as he notes, can co-exist in a single society). Within the former, illness is explained in impersonal terms and the primary role of the curers is therapeutic. In the latter, illness is explained through the purposeful intervention of a person, which can be non-human, like a spirit. Here, according to Foster, “illness, religion, and magic are inseparable; [...] curers have supernatural and magical qualities and their role is diagnostic” (ibid:773). Ultimately, the reason why the introduction of modern pharmaceuticals has not atrophied the traditional system of healing ritual is that, as the Akha see it, “medicine cannot work against spirit affliction”.

There is insight in such a statement, as this thesis will reveal. Its relevance will be explored in the final three chapters, where I point to compelling parallels between Akha folk aetiology and certain findings that have emerged from the science of placebo effects. The next chapters, which are organized around this distinction, will begin to look at effectiveness of Akha treatments, starting with those who would fit within Foster's 'naturalistic medical system': herbs, spells, and modern medicine.

## **PART II**

### **THE NATURALISTIC MEDICAL SYSTEM**

## Chapter 3

### Plants, spells and modern medicine

By the term '*yavghaq*' Akha refer to any substance that, through appropriate techniques, is used for the treatment or prevention of disease, whether in humans, other animals or crops. It has been translated as 'medicine' (Lewis, 1989:213<sup>38</sup>), even though the term only refers to 'medicine' as substance, rather than 'medicine' as a body of knowledge. *Yavghaq* comprises herbal medicine and other remedies that Akha gather from their environment, as well as modern pharmaceuticals. Spells and amulets, whilst not called '*yavghaq*', often complements the use of herbs and, as I will explain, fall within the same conceptual category. All these treatments form what Foster would characterize as a naturalistic medical system: they treat what for the Akha are 'naturally caused' conditions.

In 1980, the meaning of 'natural causation' became the central question at an important conference on African ethnomedicine (Janzen and Prins, 1980). Participants came up with the following definitions: 'natural' usually refers to things that appear evident, rule-bound and impartial; with regards to illness specifically, it refers to conditions that happen on their own accord, without being caused by spirits or witches. For many anthropologists 'natural' is thus a residual category when there is no intervention of purposeful beings (see also Green, 1999:48). Akha do not have a term for 'natural', but what they call *yavghaq* neatly falls within this semantic field: it refers to a range of treatments that can be effective on conditions whose cause is self-evident, or that just

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38 Among some groups in Thailand and Burma this is called '*javghaq*'

happen; conditions that, at any rate, are not spiritually caused. It is possible to say that Akha believe in the efficacy of medicine, without adding the proverbial scare quotes on the word 'believe' because, in line with the modern definition of the term, they consider the effectiveness of their medicines as a matter of fact, as a possibility within the natural state of affairs, in the same way as they believe that clouds might cause rain. As I will later show, their 'beliefs' about, and attitudes towards, spirit affliction and effects of ritual is markedly different from those towards medicine and natural disease.

### **Plant medicine**

"I'm happy that you will spend a year with the Akha" said Kongmani, the director of the Institute of Traditional Medicine (ITM) in Vientiane, just before I travelled up north and started fieldwork in late 2014. "If you manage, try to get hold of some of their medicinal plants. We tried a few times to get them from the herbalists, but they wouldn't give us anything. They wanted money!" He said so while ushering me into the herbarium hall of the institute, where a number of plants and herbs vouchers from all over Laos had been collected over the years, compiled, and spatially sorted according to ethnic group. Not all herbal pharmacopoeias had been collected, some ethnic catalogues were rather scanty, other minor ethnic groups not represented at all, but one of the most conspicuous absences was, indeed, that of the Akha.

Kongmani's comment came back to me the first time I quizzed my Akha informants about the use of medicinal plants a good few months into fieldwork. A young boy called GaDoq had slit his finger with a machete and his mother urged him to go see Aqqiq DawLawr, an elderly woman famed for 'knowing a lot' about herbal medicine. Curious to see the preparation I followed the boy. Upon seeing us entering her house Aqqiq DawLawr swiftly tucked a bunch of

leaves into her cotton shoulder bag, gently told us to sit down and wait, and went outside. She came back a few minutes later with a fistful of the same leaves, which she had already coarsely cut up. She grabbed a wooden board and chopped them more finely, sprinkling water on top, until the little mound of leaves turned into a moist greenish poultice. “What’s this medicine?” I asked, curious. “Akha medicine”. “What kind of medicine is it?” I asked again, trying not to be too insistent. “Medicine from the forest” she blurted quite gruffly. I decided to have one last go: “Does it have a name?” Aqqiq DawLawr remained awkwardly silent this time, hoping, in characteristic Akha fashion, that I understood by myself the inopportuneness of the question, without having to explicitly tell me that I wasn’t actually allowed to know (Akha feel generally uncomfortable in directly forbidding other people to know or do what they want). GaDoq eventually stepped in: she couldn’t divulge the name lest the mishmash of herbs, which she was now delicately applying to his wound, turned ‘bad’. I thus got my first inkling that Akha ethnobotany would turn out to be a tricky thing to study. I was later to appreciate more fully that herbal medicine is a domain of wisdom and practice that among the Akha is exclusively guarded and shrouded in secrecy, but whose effectiveness is said to depend precisely on these qualities.

In terms of material substances to treat ailments, herbs were all that there was until very recently. When Aqqiq DawLaw referred to ‘Akha medicine’ she was not conceptually setting it apart from Hmong or Lahu or other highland pharmacopoeia, nor was she referring to a specifically Akha, community-wide sphere of knowledge. In this context, ‘Akha medicine’ meant ‘herbal medicine’, as opposed to the lowland pharmaceutical medicine of the Lao or the Chinese. Along with lumber, timber, bamboo to build houses, fruits, greens and fibres and dyes, Akha rely on the nearby forest for their remedies. Herbs and plants provide relief for the aches and pains that ensue from the hazards of living in

what Akha themselves describe as an 'uneasy' (*yaw xaq*) environment, especially the practical activity done in fields and in the forest itself. I have seen it most applied to treat ailments such as fractures, burns, cuts, stings, bruises or animal bites, but also for skin rashes (habitually caused by caterpillars), stomach pains and, as last resort, for emergencies like cramps or seizures, often in haphazard combination with ritual. As the primary method to cure a large number of relatively minor ailments herbal medicine is very widely used.

By interacting with the forest on a daily basis, Akha become acquainted with the individualities of plants from a very early age. As they go from village to field and back, or as they venture into the woods to hunt for birds, young children follow their older relatives in what are true educational paths of knowledge, pointing at plants, asking their name, and being taught back. People quickly build up a huge knowledge of arboreal species, whose vastness usually surprises anthropologists brought up in urban places. And yet, how to pick these plants and mix them in a way to produce powerful medicine is knowledge that belongs to very few in the community.

Interestingly for a society that nurtures a robust shamanic tradition, Akha pharmacopoeia is totally unrelated to spirits and to the profession of shamanism. As we will see, there are a few types of leaves that recurrently appear in séances and healing sacrifices but, known to everybody and classed as "purifying" plants (*yaw xawr*), they belong to a different conceptual domain. Very occasionally, I did come across some slips in the general theoretical division between non-spiritual and spiritual treatments – I heard once from an informant that there was a certain herb in the forest that could "fight off all spirits" – but the general view is that forest medicine does not counter spirit affliction. In fact, 'fighting off spirits' is a general preventative measure, not a cure for a particular spirit affliction. Accordingly, what it takes to become an

expert herbalist is not a spiritual endowment but a lengthy apprenticeship with someone who already treasures the knowledge.

In the course of fieldwork, I had a short apprenticeship with four such herbalists, three elderly women and an elderly man (two of whom lived in other villages). “Herbalist” is my own term; in Akha language there is no denomination and the position itself is not institutionally recognized – there are simply individuals who “know a lot” about herbal medicine. The four people I studied with were widely regarded as among the most knowledgeable of the district. All of them were handed down the expertise from one of their parents.

As for me, every time I expressed my enthusiasm to learn about herbal medicine, the topic of money was always brought up as the only possible means through which I could obtain this knowledge. Knowledge is freely disclosed to daughters and sons, provided they have an ardent interest in acquiring it and under the promise that they won’t divulge it to anyone else. For all others, “it’s not nice” to give it away – “the medicine turns bad”. The aspirant herbalist must pay a price that varies depending on how related she is to the teacher and to what she wants to learn, for some herbs are more expensive than others. I myself paid these four herbalists the necessary amount to have a solid baseline for comparing their herbal pharmacopoeias<sup>39</sup>. While obtaining knowledge comes with a charge, the treatment is usually free. People might decide to pay money if the herbalist is unrelated and famed, particularly if she succeeds in curing a very serious ailment, like a bad fracture. In this case, the family of the cured person might also kill a pig and arrange a *lavqteevpavq*

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39 I paid about 1.500.000 Lao Kip (~£140), approximately seven silver coins, the past’s only currency. Herbalists first mention the price in silver coins, then translate in Kip or Yuan.



(a blessing enhancing ceremony that I will describe in the following chapter) for the herbalist as an expression of gratitude.

Being costly, medicinal knowledge is guarded with care. When divulged, it is revealed with reticence (people are careful about giving away too much) and by paying attention that people nearby don't overhear. Herbalists claim that secrecy is what makes their treatments effective, though there are reasons to believe that the motives for keeping it secret might ultimately be of a more mundane nature. In explaining why herbalists keep their knowledge undisclosed, some informants told me that the demand for their service would diminish if they divulged it freely. On top of that, herbalists themselves, while warning me not to disclose their knowledge to other Akha, were completely fine with the prospect of having it published in academic journals in England. Whatever the explicit justification for it, secrecy has the evident effect of creating an aura of potency around medicinal plants, giving leeway to rumours and stories about their power, and aggrandizing the renown of the owners.

I took a lot of walks with each of the four tutor herbalists. We walked through teak forest, across groves of fern into thick bamboo areas, and down to swampy marshes, in search for medicines. Every time a medicinal plant was spotted, the elder would tell me its name and what part is used for treatment - root, leaf, wood or bark - and other traits of the plant, such as whether it is planted by people by seeding, or whether "it was planted by the ancestors", i.e. if it grows on its own. I would further ask when it flowers and if it is rare or common, and I learnt that the rarity of the plant, especially when due to its growing in distant lands, ups its value. When disclosing medical knowledge about an important plant, my teachers decided to explain its features in a particularly ceremonious way, with soft and grave voice, conveying importance. To this they would add stories of how long or far one must walk

to get hold of this or other plants, or of how one time they had to travel to Myanmar or other distant lands in order to collect a plant that they knew was only growing there. Similarly to the handling of medical knowledge in other ethnic groups in the region (Sprenger, 2011), the foreign and the distant connote higher potency.



*Figure 9 Aqpiq Tuv*

Another way of sourcing healing plants comes from dreams, though this oneiric ability usually sets in as one has already apprehended a good deal about herbal medicine from one's teacher. The four herbalists I worked with reported that they occasionally receive inspiration about plants from the spirit-owner of people they meet in dreams. Three of them said that they meet their former teachers (their parents, mostly), who are now dead. The other herbalist told me that she has established a special relationship with an old couple that visits her in dreams on a regular basis. The spirit-owner of these wise old man and woman appear in her dream, whispering the name of the plant into her ear. Upon waking up, she rushes into the forest to collect the plant, without talking to anyone on the way. The plant recommended in a dream is not immediately included in the herbalist's medical inventory, for she will test it after gathering it, and will keep it only if it works on ailments a few times.

Because the identity of the plant is kept secret during treatment, its real value is only known to the herbalist, not to the people being treated. What the latter will know, however, is something about the herbalist herself, about her reputation for being knowledgeable or for taking long walks in search of powerful plants. They will also have heard about her previous accomplishments because the herbalists' relatives (though not the herbalists themselves) like to boost their reputation with stories of successful cures, when others had failed. While failures are downplayed, if ever mentioned, they may be divulged by unrelated herbalists to insinuate, in a whisper, that one's herbal medicines work better.

Virtually all Akha families keep a collection of plant medicine in their houses, but those of respected herbalists are far richer than the rest. When I first asked Aqqiq Tuv, one of the four herbalists, if she could show me hers, she climbed up to the attic to fetch a number of manky old plastic bags full of stuff. Storing these items in the attic is significant, as they are located 'above' all else

and in a place that, by customs, only the owner of the house has access to. Correspondingly, there is a rule that one should never step on medicinal plants; this would spoil their potency because they would be placed 'below'. Aqqiq Tuv placed the various bags over a large chopping board and opened them regardfully. "I'm not sure a day is enough to go through everything, son. There are probably more than two thousands things here" she said. The bags contained mostly twigs and roots but also a number of items that hardly count as herbal but are still called 'medicine' (*yavghaq*): stones, bones, animal skin and fur, types of soil, horns, 'BaevYanq's teeth'<sup>40</sup>. As with plants, the rarest of these things are also the most precious. A shred of dried gall bladder of a gaur, for example, "costs five silver coins and brings great strength when it's drunk [in a decoction]". As I was going through Aqqiq Tuv's bag, I noticed that some of the items bear a clear metaphoric association with the ailment they are meant to treat. For instance, a porous and friable type of rock, when grinded down and drunk with hot water, is used to treat cough and other problems of the lung (a porous organ).<sup>41</sup> Also, in some cases different sets of remedies are used to treat similar kinds of injuries (for example pig's bites and dog's bites) even if the bodily injury is the same. With ceremonious care, Aqqiq Tuv took some time telling me about the name, origin and medical use of some of these items, before packing everything up and replacing the bags in the attic, careful, of course, not to divulge extra information for the money I had given her.

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40 The BaevYanq is a creature reminiscent of a dragon that features in many Akha legends and which is rumoured to live in the Mekong (the teeth seemed to me to belong to a wild boar).

41 Victor Turner (1967) also noted how Ndembu choice of herbal medicine was based on metaphorical associations. For instance, some types of bifurcate shaped leaves were used to treat bites from snakes (with forked tongue).

This brings me to how medicine is applied to the ailing person. The modality of treatment varies with the nature of the ailment. Herbal compresses are made for fractures or blows. These are wrapped around the limb and kept for several days, refilling the herbs on a regular basis. Cuts of all kinds are treated with vulnerary leaves pounded to mush and then applied to stop the bleeding and to clean the wound. The herbalist will often spit on both the wound and the herbs, accompanying the treatment with a series of mumbled spells (see below). For skin conditions like spots or rashes herbs are poulticed and smeared on the site and smeared again when they wash off. Leaves can also be chewed beforehand or soaked in rice whisky, and then applied. Sometimes, as a treatment for skin conditions, a special vine is burnt at one end and held a few inches from the person; the herbalist will then blow a gentle blast of smoke over the affected area. Herbal decoctions or infusions (which tend to be very bitter) are drunk for cramps or stomach pains. Occasionally, they are also drunk as tonics, to revitalize the body even in absence of any ailment. Although I have never seen it myself, in some cases of severe fatigue medicines are burnt and their aroma is inhaled, to reinvigorate the sick person. There is a discernible sensorial quality to all these treatments which, through their soothingness, bitterness, pungency and overall tactile application may trigger the senses in ways Akha have learnt to associate with healing.

This, in turn, brings me to the question of effectiveness. What can we say about the efficacy – whether pharmacological, non-pharmacological (i.e. contextual, due to ‘placebo effects’) or locally conceived – of these treatments?

Discussions about ethnopharmacology often revolve around the possibility that some plants, unbeknownst to biomedicine, might contain potent active ingredients. With the obvious but important exceptions of opium, betel and ginger, all widely used, not much is known about the potential medical properties of the herbs and plants employed by Akha (see Anderson

1993 for an assessment). One of the lessons learnt in ethnopharmacology in the last fifty years is that failure of bioassays usually turns out to be very high – not many traditional herbs and plant are discovered to contain pharmacologically active substances for the ailments they are purported to treat. I wager that among the Akha this is likely to be even more common due to the lack of a collective endeavour to test plants' efficacy and to the reluctance to share information. My research found that the percentage of shared medicinal plants among herbalists is very low, each medical expert treasuring its own very idiosyncratic arsenal of herbal treatments (it is, indeed, almost impossible to talk about an "Akha pharmacopoeia"). The low level of medicinal knowledge transmission, both intra-group and inter-group, appears to be a general trait of the region at large. Pake (1986), working on the Hmong, found that herbalists do not share their knowledge of plants with one another. Dubost (2011) surveyed the medicinal plants used by Lue, Hmong and Lamet communities living in close contact with each other to find that only a meagre 23% were commonly shared, most of which, it turned out, were used for completely different ailments. What's more, Akha herbalists choose a number of plants by virtue of their metaphorical association to the ailment, which should lower the chances of the plants being chosen for their pharmacological properties. Whether there might actually be chemical power in Akha medical plants – whether, as Anderson put it, "within that body of information may be cures for some of the worst diseases that plague the human race" (1993:143) – still needs to be investigated, though the picture does not seem to be very promising.

What about the non-pharmacological, 'placebo effect' of plant treatments? Unlike pharmacologists, anthropologists focus on the meanings that medicinal plants have for the sick person, which, following the underlying premise of this project, can have in themselves powerful effects. In parts of Amazonia, for instance, local shamans consider a plant's relative value or

efficacy “not in terms of its intrinsic medicinal properties but in terms of its association with the spirit world” (Freedman; 2010:142). For the Luo of Kenya, “since plants, like foodstuff, derive their potency from their relations with place, people in a particular area have special ties to local herbal medicines, [...] the capacity of herbal remedies lies not in their inherent properties, but in their relations” (Geissler and Prince, 2010:173). Similar associations are found among the Akha, more focused, as I pointed out, on the distance and rarity of the plants and at times on the metaphorical meaning that plants have vis-à-vis the ailment. However, in the Akha case these meanings can only matter to the herbalist, and not to the patient; the person who asks for treatment is shielded by secrecy from knowing about medical lore. Yet, it is precisely this secrecy that generates an aura of potency around herbal treatment, which, coupled with the intense physical sensations of its application, might afford potent meaning responses.

The local understanding of effectiveness, in turn, diverges from both the pharmacologists’ and the anthropologists’. According to the Akha, the potency of medicine is neither located in the person who administers it, nor in a relation that it holds with other spiritual or ecological entities in the environment (as in Luo medicine). Neither do the Akha think that the effect is dependent on the ailing person’s mind. True, secrecy is said, sometimes, to preserve the medicine’s power, but not because it affects the state of mind of the patient. Put simply, unlike the Luo or Amazonian shamans, Akha believe that the efficacy of the plant is located in its intrinsic healing force when it is appropriately applied. When asked about the precise mechanism of action I was almost invariably given a hesitating look and the same answer: “who



knows? It just works".<sup>42</sup> The fact that herbal treatment can work is beyond question, and this is validated by the cure: if the wound heals after treatment it means that medicine was good. If the cure fails, it means that that medicine – the way it was collected, prepared, applied – was faulty. This same approach to efficacy applies to spells, healing techniques to which I now turn.

## Spells

"You *Beiqcmq*<sup>43</sup> have medicines, we Akha have words, it's the same thing" so I have heard numerous times when bringing up the subject of healing in conversations. By 'words' (*dawq*) people refer to spells, utterances that have the power of curing a wide range of spiritually unrelated ailments, in conjunction with medicinal plants. Underscoring cultural differences in healing methods a step further, Akha invariably add that while Lao or Chinese doctors are accustomed to chopping off limbs that are in a very bad state, Akha can cure these easily by way of words, statements that betray an element of cultural pride as well as a strong belief in the effectiveness of these treatments.<sup>44</sup>

Spells are performed on fractures, burns, wounds, animal bites and similar injuries. These, as we have seen, are also treated with herbal medicine. Spells complement the treatment of these ailments but are also used to treat other bodily complaints for which herbs cannot be applied, such as having a

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<sup>42</sup> I was reminded of Evans-Pritchard's words: "How do Azande think their medicines work? They do not think very much about the matter" (1976:200).

<sup>43</sup> Term used to call some Tai lowland groups but sometimes extended to all lowlanders and foreigners, including Western people.

<sup>44</sup> Because of the cultural value placed on physical integrity (see chapter 2 on the taboo on deformed babies), I have seen people recoil in dismay at the thought of having a limb amputated.



fishbone stuck in the throat or conjunctivitis. They can also be used for bringing luck in economic affairs (*bavqghoe*) and for making philters (*bavqyator*), though this practice is not very common, and is considered passé.

How do spells work? The resemblance with how medicinal plants work, and how they are thought to work, is high (both are considered natural treatments); the difference most of the times being one of medium. As with herbs, the active ingredients, words themselves in this case, are kept hidden from the ailing person and the other people who attend the treatment: they are mumbled imperceptively over the ailment in the space of a single breath with the purpose of maintaining secrecy. Having recited the spell, the healer blows soothingly on the affected area (the actual term for 'doing a spell' in Akha is 'to blow', *baw-e*) after having chewed some ginger, and sputters saliva on it. There are various techniques that may supplement the spell, adding to the peculiar sensory texture of the treatment. Some healers munch rice grains before daubing the chewed matter over the skin; others recite the words over a glass of water (or whisky) and then pour the bespelled liquid over the bodily area. Each healer has her own favourite procedure, which is claimed as her own.

Knowledge of spells, like knowledge of herbs, belongs to the relatively few people in the community who acquired it from their parents, or, in rare cases, from unrelated others in exchange for money. The people who need treatment will usually seek out a knowledgeable relative, without needing to pay. The treatment carries on over several sessions of 'blowing' by the same healer, twice a day by standard, until the ailment has completely healed. There is a rule saying that a person cannot perform a spell on himself because it won't be effective.

Like herbal knowledge, knowledge of spells is esoteric and unshared within the community. Unsurprisingly, then, it's impossible to collect an Akha,

community-wide corpus of healing spells, as these vary substantially from person to person. Most of the words in the spells, moreover, are borrowed from other ethnic groups. There are Chinese, Lao, Lahu and Hmong words, amid which Akha words are considered to be the least potent (the most powerful are the Chinese).

During fieldwork I paid four blowing healers (two men, two women) to record a few of their healing words, with the intention of extrapolating their meaning afterwards and making comparisons, looking at consistency and variation among them. In all four cases, I gathered a blend of Chinese, Lao, Akha, Hmong and Lahu words whose meaning the healer, unfamiliar with all these languages except Akha, was unable to explain to me. As for the small number of Akha words in the mix, all I could gather were a few sparse references to legendary figures in Akha mythology or entities that make up the cosmos, such as those of the spirit-owners of the earth and the sky. I realized that these strings of uncanny-sounding words, re-uttered imperceptibly a number of times during treatment, do not conceal any syntactically meaningful content and that they might be evocative only for the images that they convey individually. And if they are indeed evocative, they are so to their owner, not to the treated person to whom they are made inaudible.

Because of the halo of secrecy that shrouds the possession of healing words, their acquisition from another person who owns them is a highly ceremonious affair. As soon as he understood that I was interested in spells, my host father suggested I go to a nearby village to see a man called LawBaq, known in the area for being the most expert 'blowing' healer, the one who knew the best words. One day, I set out to visit him. Having probably heard that I was coming, LawBaq remained at home, with his son and a few other people. When I entered the house and asked, after a casual chat, whether I could 'purchase' some of LawBaq's spells, only his son spoke. He said that I am

*Beiqcmq* (foreigner) and therefore his father cannot reveal the secrets of his craft to me. However, maybe, he can tell me a little bit, but not a lot, certainly not the most expensive words. He then launched into a long chronicle of his father's most prodigious feats. One man who accidentally shot his own arm while hunting had his wound suppurating so badly that he had to travel to Luang Namtha first, where doctors could not cure it, then to China, where they could not cure it either. Eventually, his father 'blew' on it, using healing words that are appropriate for shooting accidents, and it healed in seven days. Another time, a young man from a nearby village fell off his motorbike and dislocated his jaw. He could not speak, nor eat rice. He went to China to seek medical treatment, but doctors were hopeless. He also went to get treated with spells from other elderly men in his village and others, but the injury did not improve. Finally, he sought treatment from LawBaq and after a session of spells, the jaw got better, and he could speak again. "This man paid my father five million Kip; my father asked for 2 million [the price of about two adult pigs, or 30 chickens] but the guy paid five on his own will, and also killed a pig for him".<sup>45</sup> As his son recounted more exploits, LawBaq remained silent, leaning back on his stool smoking a pipe with an air of self-complacency. "You can probably ask him some words" the son continued "but you have to pay a lot of money. If you want to know all of the spells, well... I don't know if five million or even ten million will be enough... But he cannot tell you the most expensive words anyway". I eventually managed to arrange a tête-à-tête with LawBaq the following day, saying that I was willing to pay 300.000 Kip [the price of about four chickens] for whatever he wanted to tell me.

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45 I actually met the person with the dislocated jaw, who told me the same story.

LawBaq had already prepared two stools, in the male side of the house, and was setting up some paraphernalia. He started by reminding me of how precious the words he was about to tell me are and went on, hemming and hawing, to narrate further curing feats of his own, while handing me over a whisky cup. The ritual demanded that I place two silver coins into the cup, pour whisky into it, drink it, pour it for him, imbibe a cotton string in it, then tie this cotton string around his wrist. At last, he solemnly took up my audio recorder and sputtered the spells into it, before admonishing me not to divulge them to anybody else because “they turn bad, otherwise”. Like LawBaq, each blowing healer I obtained spells from had their own distinctive preparatory ceremony that they regard sufficiently reverential for bequeathing their words.

As this short sketch reveals, stories about past cures play a key role in enhancing the healer’s credibility, and rumours about certain healers’ curing feats frequently crop up in conversations about spells. Conversely, if someone holds antipathy towards a certain healer, it is only failures that get a special mention. It is often the case that as an injured person approaches a blowing healer for treatment, the healer’s relatives will gather around him or her telling narratives about previous successes, especially stories about the time when they were themselves cured. They may say: “look at my arm now. It was broken and after my uncle blew on it, it healed in a flash”. Undoubtedly, these stories have the effect of boosting the injured person’s confidence in the healer’s capabilities and of inflecting the experience of treatment with a higher sense of expectancy.

What do people think about the general effectiveness of spells? People don’t doubt that spells can work. I have never encountered a trace of scepticism suggesting otherwise. I pointed out before that scepticism may occasionally be levelled at specific people who boast their repertoire of healing spells and past

achievements when they in fact lie or lack powerful words,<sup>46</sup> but is never directed at the power of words itself. One funny episode in particular stood out as a confirmation of this. I had just returned home after recording some healing spells from an elderly woman, while my adoptive mother, making sure I hadn't spent money for nothing, handed me over a chicken and said: "break its leg and recite the spell grandmother GawqXm told you. If it doesn't heal in seven days it means that it's fake and that she lied to you" (seven days is the standard time-frame for spell to be considered efficacious).<sup>47</sup> When spells fail to cure, failure is attributed to their questionable quality or to the fact that they have not been applied properly (*maq tsaq-e*).

Spells, along with some herbs, are also used for protection against ubiquitous and widely feared weretigers (*pirser*). Unlike spirits, weretigers are living members of the community. Acting normally during the day, they loiter about at night feeding on cow dung and animal carcasses, and might turn into animals themselves, recognizable by other people for lacking the tail. These hideous creatures are greatly feared because they can bite young children to death and there are numerous anecdotes circulating around the village that allegedly testify to these murderous acts.<sup>48</sup> Spells against weretigers are blown onto amulets, which the person must on herself. The typical amulet comes in the form of a tiny black cotton bag laced around the neck or upper arm and

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46 In order to test whether a woman who told me spells for broken arms had made up mumbo-jumbo instead (she was regarded with suspicion by people in my family), after a month or so, I asked her again for the same spell (I was cheekily prompted to do so by my adoptive sister). She repeated the original spell *ad litteram*.

47 I did not break the chicken's leg.

48 I hope to provide a more detailed account of Akha perception of weretigers on a separate occasion. Suffice to say, here, that weretigers are conceptually understood to be very different from spirits, which I will discuss in the next chapters.

contains a mixture of herbs or other items (mostly silver). They are largely foreign, obtainable when going to Myanmar or China. The potential effectiveness of bespelled amulets is indubitable from the viewpoint of the interlocutors I talked with about it. Most of these were children, who carry them around to stave off weretigers' attacks. Possessing them cancels fear and affords a sense of invulnerability when travelling unaccompanied to school or other villages.

### **Other natural remedies and physiological theories**

There are other remedies that fall within the naturalistic categories. Among these are many dietary rules and regimes that are mostly followed as preventative measures by vulnerable individuals. These apply especially to babies and pregnant women. The latter are not allowed to eat a specific set of food for each cycle of days within the first four months of giving birth. Rules of this kind also apply to sick people. A person with diarrhoea does not eat sour foods, for instance; one with fever does not eat wild animals.

Within the same list of natural remedies there are treatments that have to do with a particular understanding of human physiology. For instance, Akha treat a certain type of stomach pains by piercing one earlobe and tying a small cotton thread around it. The explanation given for this practice is that there is cartilaginous connection that, from the earlobe, runs down to the genitals passing through, and enveloping, the stomach. Since pain is experienced as a tense contraction of this cartilaginous envelope, piercing the earlobe serves as a relief for this tension. I have collected a few similar practices for other kinds of ailments (e.g. sty in the eye, some genital issues) but the repertoire that Akha have of them is scanty (as is their knowledge of physiology), and their use has further diminished with the arrival of modern medicine.

## Modern medicine

As mentioned at the outset, the term '*yavghaq*' (medicine) is also the name for modern pharmaceuticals (sometimes distinguished as '*Beiqcmq* medicine'). The introduction of modern medicine into the district – which happened around 2003 – was part of the overall project of 'development' (*patthana*) coordinated by the Lao government and aimed at bringing highlanders closer to the lowlands, both in terms of culture and access to national services and market commodities. The change was substantial, as I reviewed in the previous chapter. The significance of the change, from a medical viewpoint, can be appreciated by the fact that over the course of five years the Akha of MawPae went from being totally unfamiliar with any kind of biomedical remedy to experiencing the full gamut of the most formidable biomedical wonders: vaccines, antibiotics, birth control implants, surgical operations including caesarean birth, pharmaceuticals like painkillers, antiseptics and antipyretics (as well as herbicide, or 'rice medicine'). The clinic established in the middle of the district in 2006 replaced the only pharmacist posted in one of the villages since 2003 and made a number of services and drugs even more accessible. By that time, people also begun to travel to Muang Long and Muang Sing for the treatment of major illnesses, thanks to the arrival of the road. Until then, remoteness, malaria in the lowlands (now eradicated), and mistrust of lowlanders would hold them back.

The change was catalysed by a number of educational campaigns, mostly run by NGOs who sent their employees to villages and arranged meetings with the Akha, to teach them about health. It is clear from their final reports, and from what my interlocutors told me, that these projects seldom attempted to alter Akha traditional sacrifice-based healing practices. These

NGO run projects were mostly awareness campaigns about health precautions and the new availability of health services (NCA, 2015). NGO workers changed much of people's early wariness about foreign medicine and hospitals; they encouraged them to avail themselves of medical services like all Lao nationals do. They made vaccines compulsory and spread key instructions about hygiene: washing hands, boiling drinking water, keeping mosquito nets. The NGO also appointed and trained two individuals in each village to assist with health-related operations (mostly around midwifery) and with the adherence to hygienic rules in the community.

Health has improved dramatically since the start of these projects. I do not have access to hard demographic data, but people's unanimous views point towards a substantial increase in life-expectancy and well-being. In the past, before Lao people came to "teach about medicine", people, mainly children, would "die in numbers, from fever and from stomach pain". The widespread availability of modern medicine is one of the main markers by which they distinguish the past (*garhu*) and the present (*nymqmr*) when talking about recent Akha history.

Partly because of this sudden spike in health standards, Akha acknowledge the benefits brought by certain treatments and hold high expectations about the potentials of modern medicine in general. I have been asked if in England we have medicines that cure blindness, deafness, madness, or that makes us live longer. Often these speculations are voiced with an air of confidence: "Ah, we Akha die young; you live longer because you eat medicines". They acknowledge that modern medicine is superior to Akha medicinal plants and spells, at least for many complaints. The anxious quest to get hold of pharmaceuticals that struck me from the very beginning of fieldwork – an attitude leading to the kind of overconsumption often reported in the global South (Nichter and Nichter, 1996) – is the result of that conviction.



People ask around for medicines all the time, chat about which clinic stores which kind of medicine, compare pills and bottles, studiously glare at shiny packages and at the features of tablets, collect them in their attic (preciously stored in plastic bags), always ask their relatives to bring some back from their lowland trips. This made me, a frequent traveller to the lowlands and to Thailand, a sought after dispenser of pharmaceuticals, which I would limit to common painkillers, analgesic creams, antiseptics, and plasters (an aura of benevolence quickly built upon me as a result: I was the “*Beiqcmq* who had good medicine”).

The hope entrusted in modern medicine is sometimes offset by counter-narratives, as Akha have also become aware of its iatrogenic effects. Among these are irregular periods in women with birth control implants, fevers following vaccination, unexpected deaths at lowland hospitals. Some new and disturbing patterns of illness – especially a kind of abdominal pain that requires operations in lowland hospitals – have been attributed to the usage of medicine or contact with herbicides. Mistrust of lowland doctors has not completely abated either: many remain convinced that hospitals are run and populated by weretigers. Nevertheless, this dark side of medicine is overshadowed by its impressive achievements, which people over 20 years of age have witnessed first-hand in their lifetime.

How do Akha think medicines work? None of my interlocutors had a clear theory; virtually everyone said that they do not know (“*aqjov-aer taq-ir maq siq*”) and seemed rather uninterested in the subject. The important thing is that they work. Which is how I think most people in Europe or America, even highly educated ones, would answer, with the difference that they generally possess a materialistic understanding of medicine, undergirded by biochemical imagery. This is absent among the Akha, hence their understanding of how modern pharmaceuticals work is not dissimilar from their understanding of

how spells work. I suggest that both of these are primarily conceived as effective 'techniques', rather than elements with active principles.

An anecdote, however trifle, supports this last point. I mentioned that many people used to visit me if they cut their finger or scratched their knee because they knew I would give them creams and plasters for free. One day, a young child who slit his finger with a machete came to me accompanied by his mother. As it usually happens in these cases, the mother repeated to the child my instructions, step by step, in a comforting voice. I first said that I had to wash the wound with boiled water, and the mother reassuringly whispered to the child: "now he'll wash the wound with boiled water, don't worry about it". Then I said that I would get some antiseptic cream, and the mother said: "now he'll smear that medicine, the pain goes away doing this, he said". Then, before taking out a plaster from a first-aid box, I told them to dry the skin around the wound with some cotton. The mother said: "now we dry the skin, he said that by doing this it heals". Of course, what I said was to dry the finger so that the plaster that I was about to take out would adhere to the skin. The mother, however, by the expressions she used, thought of "quickly drying the skin" as just another healing technique used to heal wounds that has, by itself, an effect on the wound. In this sense, she assumed that modern medicines work in the same way as spells or herbs: they are all techniques whose efficacy is elicited by the sequence of appropriate acts.

As with herbs and spells, pharmaceutical remedies are generally perceived as more powerful the further they come from (less as a matter of principle than actuality, in this case). Thai and Chinese medicines tend to be more effective and wide-ranging in the disorders they treat than Lao ones. Types of pills, creams, and bottles, identified by colour, packaging, consistency, and the sensorial feeling of their administration, take on a reputation that is associated with their place of origin ("that Thai cream is really good!" or "this

is from the Chinese clinic in Jinghong"). A similar distance-power relation applies to the effectiveness of hospital treatments. On the Lao side, people who cannot be treated at the small and poorly staffed district hospital of Muang Long travel to the near town of Muang Sing, and, if not treatable there either, to the provincial hospital of Luang Namtha. Akha are nevertheless aware of the low-quality standards of Lao health services compared to those of neighbouring China. This is where the most well-off will go to receive care. I have heard a number of cases of medical peregrinations that begin from a Lao clinic and end up in Chinese hospitals in Yunnan, where patients may end up shelling out much of their savings. Trips to lowland hospitals come with the burden of uncomfortable encounters with lowlanders and many kinds of cultural and linguistic barriers (most of the times, sick individuals are accompanied by a few family members), partly offset by realistic prospects of improvement.

### **Some conclusions on natural treatments**

To conclude, I shall make two main observations about the Akha naturalistic medical system. The first one is that, from the Akha point of view, medicinal plants, spells and modern medicine are conceptually part of the same class of natural remedies. I have already broached this point at the outset, but the material just discussed allows me to substantiate it. The conceptual equivalence between herbs, spells and modern medicine might be surprising because what is natural for the Akha is not necessarily so from a Western scientific point of view. In the past, anthropologists have taken the Western naturalistic view of the world as the benchmark for the distinction between 'natural' and 'supernatural' (or 'mystical') treatments. Foster himself mapped his distinction between naturalistic and personalistic medical systems (a perfectly legitimate

one) on the distinction between ‘natural’ and ‘supernatural’ treatments (Foster, 1976; see also Murdock, 1980). From such viewpoint, we might be inclined to consider Akha herbs as natural, and spells or the fur of a funerary buffalo as not. Yet, Akha make no such distinction. Apart from saying explicitly that all these remedies belong to the same class (“we have words, you have medicine, it’s the same thing”), there are further indications suggesting that Akha people think about them in the same way. Firstly, these remedies can be used together, as illustrated for instance by Apir Tuv’s mixed bag of medicines containing medicinal plants together with ‘BaevYanq’s teeth’, and by the fact that spells very often accompany the application of herbal medicine or modern medicine, so that, as they say, “two things are better than one”. Secondly, there is a certain automaticity in the way people are urged to seek help from blowing healers when they get injured, the same automaticity with which we might say “did you go to the doctor?” or “did you take your meds”? In other words, there is nothing extraordinary about the nature of spells. Thirdly, these are deemed to work on all human beings (and animals), not just on Akha, unlike, as we will see, healing rituals for spirit affliction. Finally, recognizing that spells or ‘BaevYanq’s teeth’ are natural remedies for the Akha is easier once we realize that much of ‘magical’ medicine in Western history was considered natural at the time of its use, and even of ‘factually’ proven efficacy. We know from history that the term ‘fact’ became a linguistic tool that propelled the scientific revolution in Enlightenment Europe (Wootton, 2015:291). Well, curiously, one of the very first usages of that word was with reference to the ‘fact’ that a wound could be healed by being placed into contact with the dagger that caused it, when this was smeared with a special ointment. In short, Akha believe in the power of herbs, spells, and modern medicine and unequivocally accept the efficacy of these remedies as a natural matter of fact.

My second observation regards the efficacy of these treatments. In chapter 1, I presented a list, based on Moerman (2002), of what have been proven to be the most central effective elements of healing practices. The list included: visual symbols, words, the healer's persona, touch, the treatment's halo of power, frequency of therapy, hype and cost, and success history. From the descriptions I have given in this chapter, it is evident that the administration of herbs, spells and modern medicine engages the patient's senses in important ways, ensuring the effective potential of the visual and olfactory dimensions of the treatment, in addition to the healer's words (always part of therapy) and touch. These healing practices bring into being particular sensorial conditions that the sick person has come to associate with healing and that, we know from evidence, can be highly effective. Also, herbs, spells, and pharmaceuticals very often come in repeated sessions, exploiting the effects of 'compliance'. Most importantly, in all the rumours and stories about these treatments, hype and cost are salient elements, often bolstered by the aura of secrecy that surrounds them (for herbs and spells). And the stories of a treatment's success, invariably told at the moment of treatment, can induce 'vicarious learning'.

The Akha system of natural treatments, in short, seems to afford all the qualities that have been identified as powerful in harnessing healing. As we shall see, this cannot be said about many treatments that form the personalistic healing system, to which I will now turn. What I will progressively show in part III (particularly in chapters 5 and 6) is that both in mode of effectiveness and the ways in which people think about them, personalistic therapies differ substantially from the natural therapies discussed so far. Part IV will build upon this comparison to develop a general argument about the insights that Akha offer on the question of ritual efficacy.

## **PART III**

### **THE PERSONALISTIC HEALING SYSTEM**

## Chapter 4

### The care of the soul

All the practices that I analyse hereon can be said to be part of a personalistic healing system because they prevent or fight off affliction from purposeful beings, which among the Akha are called '*naevq*': spirits. Spirits do not merely afflict an isolated body part but threaten the integrity of the whole person, whether human or non-human. So, the first step to understand the rationale that underpins personalistic therapies is to address the elements that constitute the person. Health, among the Akha, is contingent on the unity of body and soul. The soul is broadly conceived as a spiritual essence that animates humans (and other important animals and crops) from the time of birth. It is usually attached to the body, yet it can leave it because this union is inherently unstable. When the soul outsteps its bodily boundaries and wanders, it exposes the person to potential danger at the hands of spirits. This chapter takes a close look at the set of Akha rituals that prevent the soul from wandering or that solicit its return to restore wholesomeness to the person.

'Soul' is an elusive concept, hard to pinpoint theoretically. As most people do not talk spontaneously about the nature of the soul in the abstract, I mostly gathered its meaning from the colloquial and ritual contexts in which the word is uttered, eventually arriving at a fairly coherent picture of what the term meant to my interlocutors. The concept is complicated somewhat by the fact that it can be variably designated by three different terms: *savqlar*, *yaw sanr*, and *naevq*. When asked to verbalize what makes each of these unique, my interlocutors were never very clear, especially when it came to distinguish the first two, and they almost invariably stated that they are exactly the same thing.

Yet, one finds that different contexts call for one of the terms, revealing that each of them designates a particular *dimension* of the ‘soul’.

*Savqlar*, which has been previously translated as ‘soul’ proper (Lewis, 1989), is usually employed when describing its vicissitudes in one’s person lifetime. It determines the health of the person; it imbues vitality to the body and its organs and finds full expression in the act of breathing. It is, however, subjected to entropy and final departure at the moment of death, where it disengages itself from the body and joins the spirit-world. To the question “what is the soul?” more than one respondent did not hazard a straight definition but said instead: “if you didn’t have the soul, you wouldn’t be able to breathe” (tellingly, ‘*savqlar*’ shares the same root as the verb ‘to breath’, ‘*savqghawr*’). The association between soul and breath was further revealed to me in a telling, if tragic, event that involved a young man of a neighbouring village who died in a lowland hospital following a motorbike crash against a tree. Despite the fact that this was a case of ‘bad death’ and would have required the sacrifice of a buffalo for the man to be buried in the village, this requirement was bypassed because the man died at the hospital while wearing an Ambu mask (a breathing device). His relatives brought him back to the village with the mask still on his face. This made him appear as if he was still breathing (still animated by the soul) and therefore alive. Upon arriving to the village, they took the mask off and proclaimed the death—a ‘good death’.

When talking about ‘well-being’, Akha use the idiom ‘*savqlar yaw heeq*’ (literally ‘big soul’), which expresses the state of union between body and soul, a condition that I understood as having the qualities of security, confidence, clear-thinking and a general sense of exuberance towards the world. The opposite of ‘*savqlar yaw heeq*’ is ‘*savqlar baq*’, meaning ‘wandering soul’, an insecure state that can precipitate into illness. The connection between body and soul is inherently unstable and contingent upon life events. The soul can



uncouple itself from the body; it can wander; it can be snatched by spirits and can be called back by way of ritual. It can also wander in dreams, experiences that bring their own kind of peril because the soul is said to travel faraway and into unknown places. Overall, the connection between body and soul is at its most volatile in childhood, a time when a person receives a lot of ritual care, but becomes more stable as one reaches adulthood, as the groundedness of the soul with the body matures and grows firmer.

Rice and domesticated animals, entities with which humans are closely implicated in networks of exchange, are also said to have '*savqlar*'. Like in humans, their soul can wander and be snatched by afflicting spirits and is likewise in need of ritual care. I encountered a few intellectually minded people who maintained that humans and other animals possess more than one soul, three or more, and that death ensues when all of these have escaped from the body. However, for the great majority of people – whose conception of soul is based more on embodied experience than speculation – *savqlar* is talked about in the singular.

*Yaw sanr* describes a different quality of the soul. It has been previously translated as 'spirit-owner' (Lewis, 1989). Although people say that *savqlar* and *yaw sanr* are synonyms (the two are indeed interchangeable sometimes) these terms can also have a different usage. *Yaw sanr* mostly refers, not to the soul's vicissitudes, but to its manifestation as consciousness, or subjectivity. It is also present in (or 'owns') many other non-human entities, animals such as the gaur or the wild pig, 'ancestral objects' such as the gate, the swing or the water well, as well as in many immortal beings that oversee the Akha cosmos. When addressed as cognizing, mindful, 'beings', these entities are talked about in terms of *yaw sanr* ('spirit-owner of the gate', 'spirit-owner of the swamps', etc.). *Yaw sanr* also has an element of predestination, as it is conceived as the essence

that decides one's name and, more generally, one's place and fate in the cosmos.

In the case of humans, *yaw sanr* has an additional, slightly different meaning. In usage, it resembles the English word for 'inner self', as when we say 'listen to your inner self' or 'listen to your soul'. It stands for an inner guide, as it were, able to offer wisdom and counselling (Akha never refer to *yaw sanr* as being 'inner' however). While, ordinarily, the relationship between a person and his or her guide is left unarticulated, this relationship is cultivated and can take on a dialogic form among shamans, who can openly converse with their own *yaw sanr*, as we will see in chapter 7.<sup>49</sup>

By the word *naevq*, translated as 'spirit' (Lewis, 1989), people refer solely to the souls of dead beings, but mostly when these cause troubles to humans or their property. I will treat the topic of spirits and the complex inventory of rituals that fight them off in the next chapter. For now, my attention will be on the soul as *savqlar*, on its disturbances, and on the rituals that rectify them.

The stability of *savqlar* is contingent on having *geeqlanq*, another indigenous term which has been variously defined as blessing, potency, good luck or life-force (Lewis, 1989). *Geeqlanq* is an ancestral force and is figuratively imagined as radiating from the centre of the house, where the ancestral altar lies. By aligning themselves with the correct practice of customs, Akha can tap into this source of blessing, while violating customs withdraws it and expose people to negative potencies coming from the outside, a dynamic that has been described at length by Tooker (2012).<sup>50</sup> *Geeqlanq* is tightly related to the soul

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49 I found that the Akha term *yaw sanr* bears striking similarities with the Chewong term *ruwai*, which likewise refers to the essence that makes a certain being or thing cognizant and to 'spirit guide' (Howell, 1984:127-141).

50 See also Kammerer (1996) for an insightful analysis of blessing among the Akha, its links with egalitarianism and its contraposition to material wealth.

because it determines its stability. Being graced by blessing means having a soul that is firmly in touch with the body, whereas poor blessing makes it dangerously unsteady. So interdependent are the concepts of *geeqlanq* and *savqlar* that in describing the state of a wandering soul, people often use them jointly, as in *geeqlanq savqlar baq* ('*baq*' meaning 'wandering').

Lewis (1989) describes *geeqlanq savqlar baq* as the state of having a 'poor store of virtue', of 'being weak in good things'. Phenomenologically, the most frequently expressed conditions that describe this state are loss of vitality (*maqluv mawvq*), poor appetite (*hawqdzaq maq keer*), being prone to sickness, being sad or worried (*noeqxaq*) or with an unsteady heart (*neema maq sar maq sar*) and – most common of all – being easily scared (*yaw guv, neema guv*). If one is in an easily frightful mood it means that one has *geeqlanq savqlar baq*, but being frightened also agitates and shakes off one's soul, making the person *geeqlanq savqlar baq* (the causes and consequences of the soul's departure are thus formulated in a circular manner<sup>51</sup>).

Akha have two sets of rituals that address the soul's propensity for escaping the body, the blessing-enhancing rituals (*lavqteevpavq*) and the soul-calling rituals (*larkurkurkhovq*).

### **Blessing enhancing ceremonies**

The blessing enhancing ceremonies are prophylactic in character; they prevent future troubles including soul loss. 'Blessing enhancing' is not their proper name, but the quality that Akha attribute to these ceremonies, which allows me

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51 This was an aspect also noted by Tambiah, who wrote an extensive analysis of the concept of the soul and soul-loss among the lowland Isaan of northern Thailand (1970:227ff).

to discuss them as part of the same class. There are a few kinds of such ceremonies, though the most common is named '*lavqteevpavq*', which means 'tying a string (around a wrist)'. For children, who are more susceptible to soul-loss, these are preferably held once a year, a preference that is especially reserved for the first-born male child. The ceremony is typically held during relaxed periods for the family, when there is no much work to do in the fields, pigs are available, and on a date that coincides with a 'good day'<sup>52</sup>.

On the day of the event, all the members of the patrilineal family must abide by a set of rules, such as avoiding visiting other villages and houses, refraining from doing work in the fields, avoiding shaving one's head or washing clothes, and other rules that mark the day with special significance. The whole family will have woken up before sunrise. As the women boil the rice, fetch vegetables and make sure everything is prepared by lunchtime, the father of the child kills a male pig at the bottom of the staircase. A group of young men gathers to clean the entrails while another group chops up the meat and stews it. Helping out with the meat gives one the automatic right to partake in the meal without having to feel 'embarrassed' (nobody is denied food, but non-relatives feel uneasy to join if they don't reciprocate in some way). Respected elders are exempted from this convention and in fact solicited to come when everything is ready: their presence is a conduit for blessing and generally honour the event.

Before food is served, the child is made to sit around the table of the male elders, who, in turn, tie a thread of black cotton around his or her wrist (right wrist if male, left if female). The gesture is accompanied by encouraging words from each elder such as "let pain and fever not come to you", or "wherever you

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52 A 'good day' is an animal day in which no member of the family was born or died (see chapter 2).

go [this] will make sure nothing bad happens". Sometimes they will place some small money inside a bowl containing uncooked rice, salt, ginger and silver (these items feature recurrently in ceremonies done inside one's house). It is then the turn of elderly women to do the same thing, and finally of the young ones. When the ritual is over, the meal is consumed first by the elders in their male and female raised quadrants, and then by the youngsters on the lower section of the floor, only after the elders have been served.

There are a lot of elements of this ceremony that bespeak of the potency-gathering nature of the ritual act being accomplished. The avoidance of going to other places is particularly significant in accentuating the 'inside' character of the ritual, in which all family members gather together in intimacy, under a spell of blessing (*geeqlanq*). The tying and the knotting of the cotton strings are further expressive of the act of fastening the soul to the body, bestowing strength to the person. Other commentators of very similar rites performed throughout Southeast Asia have spoken of an essentially 'centrist' or 'centripetal' (Hsu, 2017) orientation of these ceremonies, which bind the soul to the person against the centrifugal forces of life that disperse it (see also Izikowitz 1941 on a similar rite among the neighbouring Lamet). Phenomenologically too, the rite fortifies the person for whom it is done and honours the whole household. The significance of the event is especially felt by the mothers who, the night before, will have made all the necessary arrangements and chosen the best, most polished set of Akha clothes to wear the following day. After dashing about the whole day around the house preparing and serving food, they relax, tired, but gratified and very happy (*laqkhaqcaer*), for the ceremony they have held is good (*yaw meeq*) and will make sure their children will be healthy. As for the child in question, he will be seen quietly rejoicing at people taking turns to tie the cotton threads around his

wrist, graced by the rare moment of attention received (siblings are usually jealous).

For the child, the blessing is supposed to carry on for weeks, and he will keep the thick bundle of cotton around his wrist until it naturally undoes itself. If something unfortunate were to happen to him shortly after the ritual, while he still carries threads around the wrist, people will say that the ceremony wasn't done 'correctly' (*maq tsaq*). The act of tying a cotton thread around the wrist, while of general preventative nature when done on its own, figures as an element of many other more specific and more elaborate ceremonies, like weddings, or soul-calling ceremonies.

The ceremony just described (*lavqteevpavq*) comes in different variants. A very similar ritual is done for people who are going to move out of the village for a certain period, such as young boys and girls going to study in lowland towns, or for people who come back to the village after a long time (especially after being in hospital or in jail). Another type of *lavqteevpavq*, also called *hawqbirdzaq* (meaning 'feeding rice') is performed for one's elderly parents every one or two years in moments of frailty. Every son and daughter in the village gathers at the parents' house, bringing a small white towel and a bowl with a black cotton string, some sticky rice balls and a cooked chick. Once seated around the dinner table (tellingly, while the *lavqteevpavq* for children is held in the morning, this one is held in the evening after sunset, to reflect the life-cycle), they each tie a cotton string around their parents' wrist, hand-feed them smidgens of chicken meat and lay the towel on their shoulders. The daughters wail mournfully, in the same way they wail at funerals. The ritual is manifestly a prelude to the time when the elders will become ancestors and will demand offerings on a regular basis.

Though not classed as *lavqteevpavq*, there are other important blessing-enhancing ceremonies that have to do with development and weaning off of a child. This is something that depends on maintaining appropriate kinship relations. One of the most important is the *aqghoelavqduvqlar* ceremony, meaning 'donning of mother's brother's bracelet'. It is performed when a child looks weak and lacks appetite. The mother will bring the child to the house of her relatives, typically one or more of her brothers. The brother kills a small chick of his own, hand-feeds bits of it to the child and dons a silver bracelet around his or her wrist, before consuming the meal with tea and whisky – a ceremony that is in keeping with the importance of the mother's brother towards the health of his sister's children. He pronounces his role to the child, saying, as he hand-feeds him or her, "now your mother's brother is going to give you the bracelet, to keep you healthy, muscular, etc..."

Another similar ceremony is the *saqdevqbirtoeq*, 'letting taste the salt'. This is performed only once per child, at the house of all proximate relatives: genealogical mother's brothers, grandparents, and the closest patrilineal relatives. The relative in question kills a chick and hand-feeds bits of it, with egg and salt, to the child. I was told that this ceremony is done so that the child acknowledges their kinship network (salt has a strong, imprinting taste), so they know that they can request food from their relatives, be spoiled by them and grow healthy as a result. The *saqdevqbirtoeq* is part of a set of rituals for establishing, fortifying, or severing kinship relations.

### **Soul-calling ceremonies (with some notes on fear, fever, and fear-caused fever)**

Unlike blessing enhancing ceremonies, the soul-calling ceremony (*larkurkurkhovq*) is only performed to *redress* a disorder of the soul. It is most

frequently held after an episode that arouses fear (*guv*). As a much talked-about emotional state in the community, the topic of fear deserves a few notes of description about how it is viewed and perceived. The aspect that struck me the most while living among the Akha is that this is not regarded as a symptom of unmanliness at all, as it usually is in Europe or America. Though certainly not hailing from a macho background, I would still feel somewhat patronized when advised by my host parents to avoid doing things like coming back from the fields alone or taking a shower in the river at dusk. It took me some time to get accustomed to this novel attitude to fear. Far from being a cause of shame, fear is an inevitable and understandable emotional response when facing dangerous powers, or when entering places where these might be present. Being frightened shakes off the soul from the body and makes it wander. Hence, people are concerned about being frightened, and haste to arrange a soul-calling ceremony when this happens. For small children, it is a parent who will quickly set one up, though sometimes the child herself demands to have it arranged. Here are a few episodes of that occurred during my fieldwork that required one of these ceremonies:

- A 13 years old boy who cut himself deep in his hand with a knife and frightened himself at the sight of profuse bleeding.
- A 20 years old woman who, for about two weeks, was afraid of leaving her house and was in her own words “afraid of all things”, spirits in particular.
- A 1-year-old baby who, in the space of two days, fell off her stool and was frightened by a barking dog.



- A 35 years old woman who was frightened by the sudden appearance of a fellow villager in the woods

Another condition that often requires a soul-calling ceremony is fever (*arpyaqpyaq*). Like fear, this struck me as being an incredibly common complaint in the village (perhaps the commonest). While in biomedical settings fever is mostly signalled, and diagnosed, by the elevation of bodily temperature measured by a thermometer, among Akha it is not apprehended via a single marker but is expressed as a bundle of qualitatively different symptoms, such as chills, shivering, rapid heartbeat, spinning head and tiredness, as well as hotness. As a first reaction to fever, people in my village usually fetch the thickest blanket they have at home and envelop themselves in it, until they disappear completely. They will not talk except for asking favours to others and will be heard panting and sniffing from inside their bundle. For as long as they are in a feverish state, they will not cut their hair or nails or wash their clothes and will not allow others to take photos of themselves (among other things).<sup>53</sup>

Medical history books standardly tell the story of the development of the Western understanding of fever as marked by a shift, beginning around

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53 These rules seem to make fever, among all illnesses, a special condition of transitionality—symbolic at least—between life and death: the soul has overstepped the boundaries of the body and the person is thus not fully alive, though not dead either. What's interesting is that actions such as haircutting, nailcutting and clothes washing are done on the dead person at funerals before the final burial. Understood within the overall cultural effort of maintaining elements of life and death separate, the purposeful avoidance of these funerary actions represents a way for feverish individuals to affirm their transitory, in-between condition – to assert, in a way, that they are not dead and are not going to die.

1800, from the conception of fever as a disease in and of itself to a symptom of many possible pathologies. In reality, even before the advent of the medical revolution and germ theory the understanding of the fever was more nuanced than that (Hamlin, 2014). The Akha understanding of it, at any rate, does not fit within the standard unilineal story of the modern discovery of fever as symptom, at least if this understanding is thought to be exclusively modern. Akha do think of fever as a symptom of a deeper disorder. It is a symptom of the separation between body and soul. Soul-calling ceremonies for fever are usually done as soon as the fever arises, but if the fever does not abate within a short period of time, people begin to divine which spirit snatched the soul and perform healing sacrifices (these are described in the next chapter).

There is one curious type of fever that only requires a soul-calling ceremony and no healing sacrifices: '*guvpyaq*', the union of *guv*, fear, and *pyaq*, fever. By this term, people refer to fevers that sometimes arise moments after being frightened. Say, for instance, that someone is out in the woods when the sudden appearance of someone else gives him a fright. If the frightened person develops a fever on the day, the fever goes by the name of *guvqpyaq*. When I first heard of *guvqpyaq* I thought that people were merely applying a post-hoc reasoning over the cause of fever: someone has fever and the reason for this is sought in an episode of fear that this person has experienced prior to it. I was eventually convinced otherwise. Interlocutors insisted that *guvqpyaq* arises a few hours, or even a few minutes, after the frightening incident and that, while lasting a maximum of a few days, can manifest itself in very acute form. I collected a lot of stories of *guvqpyaq* from interlocutors (every interlocutor seemed to have at least one to tell), and I was present to two cases. On one occasion a young boy fell off a motorbike that a friend of his was driving. On another occasion, a woman was frightened in the forest by a young man who suddenly rushed out of a bush. Both developed a fever a little later, which was

healed by a soul-calling ceremony. When someone happens to scare another (as in the latter case) the frightened one will ask the person who gave her the fright to take part in the ritual and to be the first to tie a cotton thread around her wrist. This not only bestows blessing and fastens the soul but is also said to restore a spiritual balance between the two people, which was ruptured by the incident.<sup>54</sup>

Other states the call for a soul-calling ceremony are an 'unsteady heart' (*neema maq sar maq sar*) and states of bodily incoordination (e.g. repeatedly tripping over wooden sticks in the forest). Just to mention a telling example, my adoptive sister-in-law once demanded for a soul-calling ceremony to be arranged for her after she wetted her bed at night – a clear sign of the soul being out of synchrony with the body (a mishap that worried but did not embarrass her).

The soul-calling ceremony requires the sacrifice of only one chicken and incorporates the tying threads around the wrist element (the *lavqteevpavq*), but it is a much smaller ritual than standard blessing-enhancing ceremonies. It is usually restricted to the family members, though a few close relatives usually join in, including someone from a wife-giver family. Unlike the blessing-enhancing ceremonies, it includes the recitation of a ritual text by an elder.

The ceremony is bipartite. Firstly, the elder (usually a woman) takes the live chicken and a rice basket containing various paraphernalia, including a boiled egg, and sits beside the celebrant (usually a child), who must wear a hat

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54 While no scientific research has been conducted on the causal relation between fear and 'soul-loss', I found studies that deal with 'psychogenic fever' (see Oka 2015 for a comprehensive overview where stress, rather than fear, seems to be a major cause). These studies are very few, and I have rarely found references in regards (of note, I found an evocative passage that references it in William James' *Varieties of Religious Experience* (2002[1902]:131n1)/

(why? “it’s customs”). Then, she hovers the white chicken over the head of the child while mumbling the first part of the ritual verses in ordinary Akha language. This consists in a repeated gathering of ‘inside’ objects and benevolent spirits – an expression of intimacy and strengthening of potency. Once finished, as the child stays inside the house, she grabs the chicken, the basket, and the hat of the child, and goes outside. She walks to the edge of the village in the direction of where the frightening episode happened, and where the soul might be wandering. There, she crouches down, places the basket with the hat beside her, and plucks a few feathers from the chicken, shedding them on the ground. She harrumphs three times; then recites with some vehemence the second part of the text, addressing the soul directly. She then walks back to the house with chicken and paraphernalia. The child’s father kills the chicken and prepares the meat with the other participants. Before consuming the meal, each participant ties a cotton thread around the wrist of the celebrant, saying encouraging words, such as *“it was gone away, now it’s come back, there is nothing else to worry about.”*



*Figure 10* Soul-calling ceremony

As in the blessing-enhancing ceremony, the ritual's orientation is noticeably 'centripetal'. This is conveyed, in the text, by the repeated gathering of 'inside' items and forces near the person. It also has a clear performative, self-fulfilling element to it: while in the first section the soul is called numerous times, in the second section this is said to have returned. The ritual's explicit

aim is to integrate the soul with the body, an act that achieves completion with the tying of cotton string around the wrist and the exhortations of leaving fear and worries behind.

Soul-calling ceremonies of this kind are widespread in Southeast Asia, with similar variants being practiced from Myanmar to the Philippines. Tambiah, who observed a similar soul-calling ritual among the Isaan of northeastern Thailand, wrote:

“The ceremony is held not so much to cure a disease – organic or mental (‘madness’) – but to charge or restore morale. The ceremony is a cultural imperative, which implies that society attributes to the celebrant the state of mind in question; essentially the ritual is devised to say something to the celebrant and to create in his mind certain effects [...] We are now in a better position to understand why the words recited in *sukhwan* [soul calling ceremony] have necessarily to be in a language that can be understood by the participants. In so far as the ritual is instrumentally constructed to act as a prophylactic or therapy, the contents of the verbal message have to be understood for achieving the specified effect, which is of course buttressed by the other message contents and the role of the elders. (1970: 241-242)

Since Tambiah, anthropologists working in the area have slightly moved away from the performative power of language and have concentrated their attention on the body and the senses (e.g. Hayashi, 2003; Iida, 2017; Remme, 2017). They have nevertheless grounded the analyses of such rituals on the assumption that these are, as Tambiah put it, ‘devised to say something to the celebrant’, and that they are effective for this reason. Their accounts are evocative of the sensuous dimensions of the ceremony and underline how the composite of body techniques and sensory experiences that is enacted during the ritual

brings forth the morale-restoring effect that is sought by it. Indeed, there is much more that could be added along similar lines to my description of Akha ceremonies; but my focus is slightly different. What I am more interested in doing is to highlight a contrast between these soul-calling ceremonies and the inventory of Akha healing rituals that I am going to present next, whose capacity for being ‘devised to say something to the celebrant’ and for being ‘instrumentally constructed’ to have an effect is much less apparent. These rituals – which are absent among lowland people like the Isaan and make up the most substantial part of the Akha personalistic healing system – engage the spirit world and are performed to counter spirit affliction (*naevq guq*). Unlike soul-calling ceremonies, they bring back the soul from specific spirits that have seized it. Moreover, they are not carried out to restore morale, at least not primarily, but to heal somatically experienced disorders or other signs of spirit affliction. Before delving into these rituals and their effectiveness, I will present an outline of the spirit world, of how Akha perceive and deal with the proliferation of spiritual potencies that permeate their cosmos.

## Chapter 5

### Healing sacrifices

#### The spiritual landscape

In the anthropological literature, the Akha are classed as an animistic society because they inhabit a cosmos in which subjective interiority – what the Akha call *yaw sanr*, or spirit-owner – is not restricted to humans but is extended to a plurality of different non-human entities. Some of these purposive entities are totally innocuous. They do not mingle overmuch in human affairs and are mentioned, if at all, only in traditional myths and legends (the most famous being Aqpoqemiqyaer, also called MqYaerMqSar, the creator). Some others can afflict humans, snatch their soul and bring about illness, an event that can only be remedied by way of animal sacrifice. When manifesting themselves as malevolent agents, these beings are usually referred to as ‘spirits’ – *naevq* – a word that one hears very frequently in an Akha village and that arouses alertness and, quite often, fear.

The meaning of this word varies contextually. In most colloquial situations, people talk about *naevq* to refer, very generically, to the souls of dead people, which are said to roam watchfully around certain places outside the village – the burial ground, some areas of the forest, etc. – and at certain times – mostly at dusk and at night. Spirits are invisible to humans. Only shamans, through their own voyage to the spirit-world are endowed with vision to ‘see’ spirits but will not easily disclose their experience. The common image that ordinary folks have about spirits is that of an aggregate of exclusively capricious marauding beings that impinge from the outside, from the forest



and beyond, and disrupt the orderliness of human life. Phenomena that, from the Akha point of view, represent a deviation from what should be the normal state of affairs are frequently attributed to the action of spirits.

Here are a few examples, all witnessed during fieldwork: if a cow gets accidentally stuck among trees, it means that spirits let it happen; the cow is killed on the spot and its meat partitioned among all villagers with the exception of the owner's clan. Disturbances of the earth, such as landslides, are attributed to spirits, as is, for instance, the appearance of hornets' nests that are too close to a path usually treaded by people. If strange sounds are heard from the forest at night, the men living in the houses nearby get up and shoot their guns towards that part of the forest, to scare spirits away. If a young woman falls in love with a man but begins to nosebleed profusely shortly after, she ought to cut the relationship, as this is an unpromising sign sent by spirits. If someone is burnt to death during a fire, the village site is deemed ominous and the whole village moves elsewhere.

On the whole, the anomalous and the uncanny are connected in the mind of people with the malign intrusion of spirits. Living with spirits entails maintaining vigilance for ill-boding signs; it means developing a heightened sensitivity for detecting disturbances to what is regarded the natural flow of life. Borrowing a term from Telle (2009), I would argue that Akha perceive the world they live in as permeated by a kind of 'wilful presence', towards which they remain guardful.<sup>55</sup> Talk of spirits is replete with hints, circumscriptions, allusive remarks and ostentatious silences (but also with humour and scepticism, as we will see)<sup>56</sup>. Along with the range of rituals that I discuss

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55 All this conforms overall to the anthropological characterization of Southeast Asian landscapes as 'potent' or 'alive' (Allerton, 2009; 2013).

56 See Stolz (2018) for an evocative account of 'spirit talk' among the neighbouring Khmu, one that is pertinent in many ways to the Akha too.

below, people avail themselves of a vast array of ritualized tricks and behaviours, of almost instinctual countermeasures, that have the purpose of keeping spirits at bay. Sleeping with a knife under one's pillow while mildly ill, painting a baby's nose with ashes to protect her while venturing together into the forest, reeling off one's genealogy in moments of danger, harrumphing and spitting or shouting towards the forest, etc. are part of such repertoire of techniques (some of which were learnt during the original human/spirits separation, as the legend that opens chapter 2 shows). They all stave off spirits conceived in the colloquial register so far outlined, as an aggregate of exclusively mischievous and draining forces that, in a variety of ways, impinge on people's lives from the outside.

Just as anomalous events are interpreted as the manifestations of the infringement of spirits into the human life, so are anomalous illnesses. Sudden, frightful illnesses, chronic conditions, or other disorders that are perceived as symptomatically unusual, are generally associated with spirit affliction (*naevq gu*). In this case, Akha's understanding of spirits becomes more articulate, and their response more systematic.

Firstly, in the context of illness spirits are no longer conceived as a shadowy and indefinite force as they are in the more colloquial register, but as an ensemble of spirit-owners, each with its own particular features and place of abode. As Akha imagine them, spirits afflict by snatching the person's soul and slowly gnawing at it, leaving a part of the body in pain. They can attack singly or by joint action and are more prone to afflict people with a wandering soul (*savqlar baq*) or with an already existing illness of non-spiritual nature. Affliction, though, is not something that concerns humans alone. Given that personhood is extended to humans' fruits of labour, important crops like rice and opium, and livestock (buffalos, cows, pigs), are equally susceptible to soul loss and sickness. In all these cases, the key to recovery will rest on propitiating

the right individual spirit with the right animal offerings tailored to its demands. Offering the sacrificed animal will coax the afflicting spirit into letting go of the stolen soul, restoring health to the person (or to the rice, or to pigs). As I will show below, each spirit has its own specific sets of demands. The sick person's family might choose to autonomously propitiate one spirit at the time, or to summon a shaman to their house, who can divine the afflicting cause and tackle a multitude of spirits in one long nightly séance.

Secondly, when dealing with spirit affliction, people make a distinction between 'outside spirits' (*nyir naevq*) and 'inside spirits' (*khoer naevq*). While in the more colloquial usage of the word *naevq*, spirits are only talked about as outside forces, when considering possible sources of affliction people enlist ancestors, too, as *naevq*, along with other 'inside' entities such as the village gates, the swing and the water well (the three foundational features of every Akha village). There is a *naevq* dwelling in each of these. Such inside spirits have a protective role but can strike people when they feel violated. There are a number of taboos surrounding these village features that Akha are careful to respect (i.e. you cannot nick the swing with a knife, walk slowly under the gates, etc. lest you are afflicted).

Finally, because spirits as single entities are perceived only in terms of their effect (i.e. when they afflict), and because when this occurs people are instantly drawn to think about the specific ritual needed to remedy the situation, spirits and rituals are often conceptually inseparable. People often name spirits metonymically after the kind of ritual that is performed to appease them. For instance, there is a ritual called *karteirdaq* – "offering of the bamboo mat" – that is usually done to countermand a spirit that brings epidemics (it involves killing a pig, making a flat mat out of bamboo at the house of the village owner, putting a variety of objects onto it including some pig's meat, and throwing it out of the village). When asked to enumerate the spirits that

dot their cosmos, people will mention the name of this ritual (among others), which stands metonymically for the spirit that brings epidemics.<sup>57</sup> However, perhaps a more central reason why spirits are generally named after their propitiatory rituals is that their proper name – which exist – cannot be mentioned in non-ceremonial contexts out of fear of invoking the spirit's presence. Most people actually do not know these names. They form an area of esoteric knowledge that is the preserve of shamans (chapter 7).

The advent of spirit affliction prompts the sick person and her family to think etiologically about the spiritual cause of the illness. Did the person fall ill because she wronged the ancestors in some way? Or could it be that by strolling through some swampy areas the previous day she disturbed the spirit that sleeps there? Perhaps, it was a recently deceased relative from another village... In an effort to get at the root of illness, people engage in cogitations of this kind, which essentially try to link a personalized story to a more general etiological theory. These thoughts are very rarely made explicit. When asked why they perform a certain ritual, my interlocutors almost invariably stated that they reached the decision from 'thinking' (*noeq*) or 'thinking within the heart' (*nee ma lavq khoer noeqnoeq*). Out of thoughts, people can also resort to shamanic divination or oracles.

I will be dealing with the subtleties of etiological reasoning in the following chapters. To gain a broad sense, for now, both of how divinatory practices work and of the diverseness of the Akha pantheon of spirits, let me briefly illustrate an oracular divination that was performed to diagnose the

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57 I believe that Remme, who worked among the Ifugao of the Philippines, describes the same phenomenon when he writes about the 'actualization of spirits' by way of ritual (Remme, 2016). By providing a channel for engagement with them, ritual is the primary arena where spirits are brought to life.

illness of a 56 years old woman called BurNya (see Appendix C for more similar illness episodes) .

Mother of thirteen, BurNya had been tormented by chronic throat pain for quite a few years. Divination was performed because, after a period of relief, the pain had made an unexpected comeback. She decided to ask a male elderly relative to consult an oracle called *yarmirganqyoetoe*, one of the most frequently used divinatory techniques. The procedure involves the elder cutting a log of a common forest tree so that its length equals the length of both of his arms stretched out. The elder then sits on a stool in the yard of the sick person, and places in front of him a bowl with some silver, rice and other paraphernalia. He tinkers with the bowl and points one end of the cane on the ground, as he asks what spirit might be afflicting. As he names one by one spirits that might be responsible for the affliction, he takes that end of the cane with his left hand and stretches his right arm towards the other hand. If, in this spontaneous stretching move, his right fingers extend over the end of the cane, it means that the named spirit is the one that afflicted; if they do not – if they do not reach the end of the cane – it is not, and another name will be submitted. The procedure is repeated until the oracle individuates a spirit.<sup>58</sup>

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58 I was surprised to read that, despite its idiosyncratic nature, this oracular procedure is also practiced in other parts of the world (e.g. in Morocco; Greenwood, 1981:226).



*Figure 11* The ‘yarmirganqyoetoe’ oracle

Here is how the divination unfolded in BurNya’s case. Each point in the list below stands for each spirit name that the elderly man submitted to the oracle. As I mentioned, in most cases the diviner utters the name of the ritual that is performed to appease the spirit.

- *Uqmovdzanrmir cavq*. 'Offering to *uqmovdzanrmir*' This is the most important 'inside spirit', said to dwell around the central post of Akha houses. It guarantees the health of the whole household if regularly appeased with sacrifices but can also afflict if not adequately respected. One of the most reputed causes of illness while I was in the village was, indeed, *uqmovdzanrmir*.
  - Result: negative.
  
- *Hawtar tsovq*. Literally 'putting stuff on top of something'. This is not a name of a spirit but of the action of placing objects on top of certain places, which is thought to anger the spirits that dwell in them. For instance, it is forbidden to leave a hoe or other farming tools on top of a termite hill in the field. If this happens, this spirit is likely to afflict. If the oracle 'sees' this as the cause of BurNya's affliction, the elder will likely make the next question more specific to find out which particular spirit has been disturbed in this way.
  - Result: negative
  
- *Dzoeqkarmawkar mqcav*. The '*mqcav*' represents a vaguely defined force that is harbored inside the heart of people or other spirits, and that can afflict other individuals, sometimes if the makers of this force are wronged in some ways, sometimes for no reason at all. In the case of people, the '*mqcav*' is always produced unwittingly. Here, the elder is asking the oracle whether the afflicting cause is the '*mqcav*' of the spirits of the 'generations of unmarried girls who died outside the village' (*dzoeqkarmawkar*).
  - Result: negative.

- *Bajiq mqcav mr.* The '*mqcav*' produced (unwittingly) by the village blacksmith.
- Result: negative
  
- *Ardeirleirkhan cavq.* Offering to the rainbow. The spirit of the rainbow is said to feed on puddles of water present in some rice or vegetable fields, and to afflict from there.
- Result: negative.
  
- *Xav cavq.* Offering to the spirit of people who died a 'bad death', a death that was the result of an accident or that took place outside the perimeter of the village (like the death of MirDoq, mentioned in chapter 2).
- Result: negative
  
- *Sanqmarnyurma cavq.* Offering to an important tree located just outside the village boundaries. In fact, the spirit can inhabit a multitude of similar important trees. When this afflicts, the healing sacrifice can be performed to any big tree in the vicinity of the village.
- Result: negative.
  
- *Yarmirmirha daq.* Offering to the '*yarmir*' spirit at the water well. The '*yarmir*', which dwells around swampy areas at the edges of rice fields, is the most notorious outside spirit. It is the outside spirit that afflicts more frequently and the one that can be propitiated in the highest number of ways. In this case, the elder is divining whether the *yarmir*



spirit has taken on the semblance of the spirit-owner of the holy water well and has afflicted from there.

- Result: positive.

As the oracle 'saw' the *yarmir* spirit as the afflicting cause, BurNya's relatives went to perform a sacrifice in honour of *yarmir* spirit at the water well.

A few considerations on the nature of spirits: those named in this oracular divination make up but a limited selection of a larger constellation of possible afflicting spirits (and of an even larger group of spirits that stand aloof from human affairs). Many of these are associated with features of the natural environment (termite hill, rainbow, lightning bolt), especially with bodies of stagnant water (puddles, swamps, water that gathers inside a bamboo stump, etc.) or features of the house and the village (house post, swing, etc.). Most of them have their own place in Akha myths, which are recited by ritual specialists as part of texts in a number of healing and non-healing ceremonies. One gathers in these texts that the majority of these spirits, of which the myths give colourful biographical accounts, are the lingering spiritual vestiges of humans who died in the past, mostly to a non-ordinary death.<sup>59</sup> Certain spirits can undergo metamorphosis. While in other animist ontologies this phenomenon occurs between humans and animals (Praet, 2013:89ff), here it takes place solely among spirits themselves. This is what occurred in BurNya's case. In a sly move of guise shifting, the *yarmir* spirit, which usually inhabits

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59 E.g. the rainbow creation myth tells the story of two siblings, a boy called Jan Peq and a girl called Jan Pyaev, who fell into an incestuous relationship with each other. They loved one another to the extent that they decided to get married. Their relatives forbade them to do so, but they kept insisting. The community eventually decided to put an end to this embarrassing story by burying them alive, one on each side of the village. The rainbow's arc is the sign of Jah Peq and Jah Pyaev reaching on to one another.

the swamps, was believed to have temporarily taken over the spirit-owner of the water well and to have afflicted from there. Sometimes, inadvertently, souls of individuals can also undergo metamorphosis, taking on the semblance of a spirit, and afflicting another individual from that spot. When this happens, the family of the afflicted person will arrange a ritual suited to the original spirit, acknowledging in words that another spirit has taken on its guise. As I will explain later on, 'inside' and 'outside' spirits are propitiated through 'inside rituals' and 'outside rituals' respectively, which differ in terms of procedures, paraphernalia and sacrificial animals.

Concrete events of illness are deeply implicated in this spiritual complex. In what follows, I will present an important illness episode that I followed closely during fieldwork,<sup>60</sup> before analysing a few examples of rituals and, finally, take a close look at their effectiveness.

### LawqGan's illness

Sitting opposite LawqGan, Aqqiq MiqCuq nervously breaks up a stem of ginger into pieces and sheds them on the wooden ground. She then reaches for his hand, keeps her eyes half-closed and begins shaking with her legs, faintly at first, then more vigorously, before ending with a firm thud on the floor. "You'll do a *lanrkanq cavq* [a sacrifice by the gate], and then tell your mother-in-law to prepare some herbal medicine, that's what she [Aqqiq MiqCuq's spirit-owner] said you should do".

Aqqiq MiqCuq – MawPae's main shaman – was summoned to divine the cause of LawqGan's illness, whose manifestation in violent bouts of fever over the previous few days has disquieted him. Divining LawqGan's hand

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<sup>60</sup> See Appendix C for additional, more concise examples.

while communicating with her spirit-owner, she indicated the spirit of the gate as the possible culprit. She also recommended that LawqGan's mother-in-law prepare an herbal concoction, the ingredients of which Aqpiq MiqCuq, as a shaman, is not bound to know or recommend; it will be up to the mother-in-law. So, the following day, as LawqGan's mother-in-law comes by with an herbal infusion for him to drink, a group of male relative sets out to prepare the ritual by the gate.

The ritual is a simple one. Four in-laws, three elders and a young boy, gather at LawqGan's house, fetch a chicken, rice, salt, a rattan table, a pan with some cutlery and head towards the gate, a short walk from LawqGan's house. There, they kill the chicken. Before lighting the fire and cooking it, they pluck a few feathers, and shed them at the base of one of the gate's posts, exhorting the spirit to join the meal:

*"Awww, we have a big chicken here, come here and join.... Awww let go of the soul please, LawqGan is sick, he has a fever, let go of the soul, come here, we have a big chicken".*

All the spirit gets is feathers, while the four men eat all the meat (see chapter 2 p. 111-114 for an account of the nature of spirits' propitiation and sacrifice). Having filled up their stomach and picked up table and pans, they go back home, where LawqGan lies, still shivering with fever. "the pain will go away; it'll go away" says one of the elders "don't worry about it".

LawqGan's fever, however, was just the incipient symptom of an illness that was going to be long and tormenting, which will see him and his family seek out a wide assortment of treatments, all the while revealing important aspects of Akha therapeutic reasoning and response to sickness.

LawqGan is a man in his thirties, who lives with his wife MiqDe and two young daughters. His position in the village is somewhat unusual. He 'took in'

his wife while living in his previous village but then, following the death of both his parents, moved to MawPae, where all of his wife's relatives live. Being a recent arrival, LawqGan's family lives in the lower edge, in one of the few remaining thatch-roofed houses in the village.

A few years before I started fieldwork, LawqGan dislocated his forearm falling off a motorbike, an accident that, much to his wife's frustration, prevented him from carrying out any work in the rice fields ever since. Now, what he cannot do with a hoe, he can with the gun, which he handles despite the crooked arm. He is not able to go after deer or wild boars, but he has become the most prolific hunter of smaller prey in the village: birds, squirrels, forest rats and especially bamboo gophers. Wild meat features on top of the round rattan table almost every night. Now that he cannot hunt due to sickness, the lack of meat is especially felt by both daughters and wife, who lament that they're only eating rice and vegetables.

It's been three days since the sacrifice at the gate and the bouts of fever have not abated. When I visit him, LawqGan is lying in bed, enveloped in blankets, his wife's brother keeping him company and smoking opium. MiqDe dashes about doing chores, which have doubled since LawqGan's sickness. When she sees me, she tells me that they'll do an *uqmovdzanrmir cavq* tonight, and that I'm welcome to join.

This is an 'inside' ritual in propitiation to the *uqmovdzanrmir* spirit that resides in the centre post of the house. Everyone with the exclusion of wife-taker families can take part in the ritual but, being an important 'inside' ritual, nobody is allowed to enter or exit the house until it ends. During this time it's also forbidden to talk to outsiders. Exchanges with the outside would quickly disperse the life-force that is being secured during the ceremony.

The value of this ritual is such to require the sacrifice of a fat castrated pig, which is killed and cooked, only for the occasion, on the ground by the base of the central post below the house, and then eaten on the backporch above. MiqDe tells me that they haven't done this ritual in two years and it should be done with a certain frequency to keep pain away. "Pain will go away, it will go away", she says, with a hopeful look.

After a brief spell of improvement, the fever makes a sharp comeback. With LawqGan still lying in the same quadrant of the house, gasping under the thick bundle of blankets, the family is faced again with the problem of what to do.

Is it time to summon the shaman? MiDe contemplates the idea of calling Aqqiq MiqCuq again for a big ritual but is moved against it by its burdensome cost. Tonight, they will do a *larkurkurkhovq* instead, a soul calling ceremony, while waiting to see if the illness subsides. Having been ill for some time, this ceremony is mostly done to boost LawqGan's and his family's morale, which after the worsening turn of his sickness, is reaching new lows.

The rite takes place at night and is a small family affair (see previous chapter). An old woman is called to help prepare the paraphernalia and recite appropriate verses, which solicit the soul to return, before everyone ties up a cotton thread around LawqGan's wrist, wishing him well.

As with the previous ritual, LawqGan looks briefly revived on the night and I see him eating the chicken meat with gusto. The following day, however, he is feverish again. Over the next week, long drawn-out bouts of whooping cough assail him, leaving him frazzled each time they come. He looks as pale as ever, and visibly emaciated. There is always somebody with him in the house. Illness, among the Akha, requires family presence - not overt

reassurance or compassionate manners – just presence. Attending to the sick person's needs even without uttering a word is the best form of compassion.

LawqGan has not eaten rice for two days. He is sleeping restlessly in the grip of fever and talks only to ask for water. It is finally time to call the shaman.

Akha customs prescribe that for big rituals held inside the house, such as the shamanic ritual Aqqiq MiqCuq is about to do in LawqGan's house, all the members of the family need to be present. It so happens that LawqGan has a younger brother, LawqJoe, living in the lowland town of Muang Sing, where he works for the Chinese. Being still single and without parents, LawqJoe is formally affiliated with LawqGan's household (more specifically, he is affiliated to his ancestral section) and so, given that Aqqiq MiqCuq will address the ancestral section on behalf of all the members of the family, he has to come back home for the ceremony to take place.

Usually, shamanic rituals, filled with elaborate action and symbolism, commence in the evening after sunset and end the following morning. The shaman has time to lie down for a few hours before making the final incantations and sacrifices at night. Aqqiq MiqCuq's performance at LawqGan's house is quite unusual this time. Having slept at another village the previous night, I miss the main part of the ritual but when I come back around 2pm I am surprised to see Aqqiq MiqCuq still chanting, weary after over fifteen hours of dances, chants and trance. Spirits have proven to be many and difficult, I am told, and so Aqqiq MiqCuq had to respond with 'many words'.

Towards the end of the chant, while eating the first sacrificial meal around the table, Aqqiq MiqCuq tells me that the spirits attacking LawqGan were all forest spirits and that she had to propitiate them one by one. There was a connection between the spirits and LawqGan's habit of hunting: by taking habitual rambles into the forest one becomes more susceptible to attacks.

Further, Aqqiq MiqCuq found that the spirits didn't want LawqGan to eat dog and white chicken anymore (animals that are exclusively killed in outside rituals for outside spirits) and so he will have to abstain from these for the rest of his life.

Before lunch, Aqqiq MiqCuq and a few elders studiously examine the liver of the sacrificial pig, an important divinatory item, and unanimously conclude that it augurs recovery for LawqGan and prosperity for the family. In the liver the elders also see that MiqDe will soon be pregnant with the son she had long hoped for (without a son, patrilineal continuity comes to a halt, which is a disheartening prospect for Akha families).

The ritual comes at a considerable economic cost for LawqGan's household, with a total sacrifice of three pigs, one dog and thirteen chickens, and the prohibition of working in the fields for three days, a rule that must be observed every time an important 'inside' ceremony takes place. On the day, though, MiqDe looks upbeat and LawqGan is once again regaining appetite, chatting to people with more vigour in his voice, seemingly on course to recovery.

But he soon relapses. A couple of days later, on another visit to his house, I find him trembling from fever in his usual foetal position covered in blankets. *"Arpyaqpyaq-e aq jeiq mir nae maq siq,"* "The fever came back, who knows why" he says with a barely audible voice. Not only that: now he is also coughing up blood. MiqDe, busy preparing food for the daughters, tells me that they will do another ritual in two days. "It will go away this time, it'll go away" she says, with a faithful look, now tinged with deeper worry.

On that day, after leaving MiqDe's house, I pay visit to Aqqiq MiqCuq, who is home shelling peanuts with an elderly friend, and we start talking about LawqGan. The narratives I heard on the day she chanted at his house, confident

and hopeful, have now taken a very different tone. Given that pessimistic remarks would taint the beauty of ritual, everybody is expected to say positive things and, when the liver is placed on the chopping board, to read it in the best possible light. In the absence of LawqGan and his wife, Aqqiq MiqCuq confides that, actually, she has little hope for LawqGan's recovery. She has even told MiqDe about it the day after the séance. She took her aside and told her that she had finished "working on the spirits" and that if LawqGan weren't to recover soon enough, they should go to the lowland hospital. To me, she also adds that the cough might be blamed on LawqGan himself, who is known to habitually smoke methamphetamines. Besides, the liver didn't look good at all, but "nobody is allowed to say that!"

LawqGan and MiqDe decide not to pay heed to Aqqiq MiqCuq and prepare another ritual the following night (which I did not attend). It is a *dmqavvcavq*, in propitiation of a spirit that hovers around the entrance of the house's yard. It is a small ritual: a wife giver comes to the yard and waits outside while someone from the sick person's family comes out holding a small chicken. Together they prepare some paraphernalia, recite verses and then brusquely chop the live chick in two with a knife, throwing one half outside the yard's fence and leaving the other half inside. Uttering no further word, the wife-giver returns to his home without looking back.

After a few days, in which LawqGan shows no sign of improvement, MiqDe decides to phone an Akha shaman who lives across the Mekong on the Myanmar side, asking for suggestions. The shaman suggests they do a *sanqmaqmirmaq uqcavv*. LawqGan's household and a few relatives thus arrange yet another ritual. The *sanqmaqmirmaq uqcav* is a propitiatory ritual for a tree spirit just outside the gates of the village. Being 'outside', it can only be attended by men; in this particular occasion by a wife-giver elder, MiqDe's younger brother, MiqDe's older brother's son, and myself. We build a small but



complex bamboo altar by the tree and call the spirit to take part in the meal. We then kill a small dog and leave a few shreds of meat for the spirit on the altar, while we eat the rest. After eating we walk back home, leaving all the leftovers behind. Charged with negative spiritual potency, the leftovers cannot be brought back to the village ("LawqGan would die otherwise"). Since we, too, are charged with negative potency, nobody dares to talk to us on the way back, until we reach LawqGan's house, where reintegration happens. LawqGan is still there, in the same spot. "*Aqbawr, naevq ghaq ma lar?*" he asks with a feeble voice: "Grandfather, did we win over the spirit?" "Yes, son, yes" says the elder "pain will go away, it'll go away; don't worry about it".

The next time I see MiqDe, two or three days later, it takes me a few seconds to recognize her face. She is trudging along the path that from her house leads to mine, wearing no headgear for the first time since I met her. Her hair and clothes unkempt, she leans her elbows on my fence, looking dismal. "Rice is not tasty today, I only ate noodles ArYaevq gave me<sup>61</sup>" she says holding back her tears. "My husband is at his worst. My brother will take him to the hospital today with his motorbike. But I don't know what to do. His daughters are crying at home. Rice is not tasty".

Having tried many treatments in the village, LawqGan is about to face the troubles and uncertainties of treatment in a lowland hospital. And the cost too: having no pigs or money left, I see MiqDe collecting money from relatives.

MiqDe's brother took LawqGan to Muang Long on that day, where he would stay for much longer than anyone expected. Since illness requires presence, and given that LawqGan doesn't speak a word of Lao, relatives and

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61 ArYaevq, an Akha girl married to the Lao teacher, started selling Chinese noodles in the village in the previous few weeks. Rice is always preferred to watery Chinese noodles, not only in terms of taste but significance too. MiqDe was so dejected that she didn't deign to eat rice on that day.

in-laws took turns to keep him company. In the hospital, for the first time during this long period of illness, LawqGan's body came under examination. Aqqiq MiqCuq had it right: spirits were not the original cause of his illness. LawqGan, it turned out, was affected by *mawrhur*, the Akha word for 'tuberculosis'.

After a month of convalescence and antibiotic treatment, he returned back home, where a soul-calling ceremony was quickly arranged for him.

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LawqGan's story illustrates a number of points that I could make with many other illness stories (see Appendix C). As in other ethnographic contexts where modern medicine flanks 'traditional' therapeutic practices, ill individuals are free to shuttle from one therapy system to the other, availing themselves of whatever treatment might work best, be it rituals, spells, or modern medicine (depending, also, on economic resources). Compared to lowland Buddhist medical philosophy, which allows for the possibility of spontaneous healing, the Akha attitude is one of constant, almost anxious 'trying out' of different treatments that feed hope in recovery. The occurrence of spontaneous healing is in most cases denied, both for natural and spiritual illnesses ("it doesn't go away on its own", "without ritual it wouldn't heal"). Illness stories like LawqGan's show how, materially speaking, this very often translates into an actual decimation of livestock in the pursuance of health.<sup>62</sup>

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62 When people came up to me asking for medicines (mostly just analgesic creams) for protracted pains, I'd often ask whether they had done any rituals. One of the most common responses was: "I've finished all my chickens!"

Another aspect worth noting is that therapeutic strategies that are adopted in instances of human sickness are noticeably very similar to strategies adopted when rice turns bad (see Appendix C). The same counts for opium, or village animals, especially pigs and cows when these get sick or die in numbers. Tellingly, the same spirits that attack humans, such as the spirit of the lightning bolt, the bad death spirit, or the spirit of the burial ground, can also attack rice, opium and animals. The same rituals that are performed when these spirits afflict people are performed, in the very same way but in different locations, when these afflict crops and livestock.

I will now zoom into the workings and structure of these rituals – which constitute the greatest portion of Akha personalistic healing treatments – before examining in detail their potential effectiveness.

## Rituals

The logic behind sacrificial rituals is to perform an offering to the afflicting spirit, so that it will let go of the soul of the sick person.<sup>63</sup> *The rituals are performed at the point of contact with the spirit* and, as it will become clear, a lot of ritual effort is put in finding the right place so as to enter in communication with it. As spirits can be ‘inside’ and ‘outside’, there is a set of ‘inside rituals’ and a set of ‘outside rituals.’ The two differ in terms of sacrificial animals, paraphernalia and rules of attendance, among other things.

What all sacrificial rituals have in common is the use of a small bamboo segment filled with fermented rice called *jirbaqdirsiq*, which is planted onto the ground before killing any animal. Before the killing, the sacrificer takes a few

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63 The following analysis – a very concise one considering the breadth of the material – is based upon my participation in 54 healing sacrifices.

drops of water out of the *jirbaqdirsiq* and anoints the animal in three points: at the feet, in the middle of the body, and on the head. Every ritual entails a 'raw offering', in which people offer feathers or hairs of the killed animal to the spirit, and a 'cooked offering' taking place before consuming the meal, in which people offer smidgens of cooked meat and other various items. Beyond this minimal formula, rituals vary widely in terms of procedures and paraphernalia.

The name of ritual is typically followed by a desinence that describes the kind of engagement that is adopted in propitiating the spirit. The two most common desinences are '*cavq*' and '*daq*'. The first denotes an offering that is done on the ground, the second an offering that is done on a bamboo altar.

#### **One example of 'inside ritual'**<sup>64</sup>

- ***Uqmovdzanrmir cavq* – Offering to the spirit of the house post**

The *uqmovdzanrmir cavq* (*uqmov cavq* for short) is one of the most frequent rituals, arranged in honour of *uqmovdzanrmir*, the 'spirit of the house post' and major protector of the household. It is performed for preventative purposes (usually once every year or two) as well as for healing purposes when the house post makes someone sick, as was initially thought to be the case with LawqGan.

Being an important inside ritual, there are attendance rules that need to be respected. Every single member of the household must participate in the meal. Further, the directionality of blessing going from wife-giver to wife-taker entails that at least someone from a wife-giver family, preferably a close relative, must be present at the ritual, but it is forbidden for wife-takers or unrelated people to take part.

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64 See Appendix D for an additional example.

The ritual takes place on the ground, below the house floor or on the back porch. The father of the household arranges a winnowing tray containing sacrificial rice, an egg, sticky rice, one bowl of 'holy water' (water from the holy water well), one of tea, one of onions and one of whisky, items that are only used in 'inside rituals'. Once the *jirbaqdirsiq*, the bamboo segment with fermented rice, is stuck onto the ground near the central post the ritual officially commences: no one will be allowed to enter or exit from the house, or talk to outsiders, until the ritual comes to a close. What follows is the killing of one castrated male pig and one non-white chicken. Once the animals are completely dead, the participating elders offer some drops of blood and some chunks of hairs plucked from these animals at the feet of the central post (the 'raw offering'), as they all ardently recite the following verses:

*Iq nanq naqn meeq khev lar*

Today is a good day,

*Naevoq uqmovdzanrmir cavq ma dei*

Performing the raw offering to the spirit of the house post,

*Garhu ba-ir cavq naev par ngar-aer*

In the past it was done, now we do it again

*Pa aer biv jaq dei*

Make sure everything will be fine

After these stock verses each elder will carry on reciting with improvised lines of their own, describing the general context around them and the causes that brought them to do the ritual, and asking benevolence to the spirit of the post. If the ritual is held specifically for an ill person, then the elders will further add verses of this kind:

<i>LawqGan yaer ya uqmao nra-aer</i>	LawqGan has stomach pain,
<i>uqmovdzanrmir guq-a ngar</i>	(it appears that) the spirit of the post is afflicting,
<i>uqmovdzanrmir cavq naev ma dei</i>	Making an offering to the spirit of the post
<i>uqmovdzanrmir aqma maq siq nya-e tiv jeiq maq jav</i>	There is nothing that mother spirit of the post doesn't know,
<i>Garhu ba-i cavq naev par ngar</i>	In the past we did the offering,
<i>Nymq-mr jmq nae pyae na</i>	Now we do it again raw
<i>Irno yavq nae pyae naer ma dei</i>	Soon we'll do it cooked

Further, the elders take the pig's liver and spread it on a chopping board to inspect its veinings and colour, signs of what the future will hold for the sickness of the person and the general well-being of the household. From this moment on, no one is allowed to eat or drink anything until the next cooked offering to the spirit. As with all other pigs' killings, one group of people cures the entrails while another chops the meat and stews it over a hearth prepared on the ground. When all is cooked and done, the elders will perform the other offering to the spirit of the post, this time made of shreds of cooked meat. They will repeat the same verses above, substituting the word 'raw' with 'cooked'.

Before commencing the meal, the owner of the house handfeeds some bits of meat with rice into the mouth of each participant in turn. Finally, people consume the meal, which is made of rice, meat and a bowl of steaming rice with broth. In the winter months, this is often eaten along sips of warming whisky.

The ritual is officially over when the *jirbaqdirsiq* (bamboo segment) is picked up from the ground.

While this is the minimal formula of the offering to the house post, the ritual can come with different variation and additions depending on the context in which it is performed.



Figure 12 Liver divination

### One example of 'outside ritual'<sup>65</sup>

- *Yamirmirha daq* – offering to the *yarmir* spirit (at the water well)

This ritual is done to appease the *yarmir* spirit when this happens to take over the spirit-owner of the water well (as in BurNya's illness case). It is a ritual in which the sick person cannot participate. It takes place 'outside', by the water

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<sup>65</sup> See Appendix E for more examples.

well, hence the participants must be male.<sup>66</sup> The sacrificial animals are usually a white chicken and a dog (more rarely a duck or a goat).

The ritual officially commences at the afflicted house, where one elder takes the white chicken and ‘purifies’ it with words. He then hovers it on top of the sick person’s head, reciting a couple verses to the effect that the sick person is in pain and they are now going to perform a sacrifice.

Having prepared all the necessary paraphernalia, the group of men with the two animals goes to the water well. They make ‘bamboo stars’ adorned with coloured cotton strings, and a small altar with stairs in miniature leaning on to it. The altar structure is placed near the water well and girdled with the bamboo stars. Nearby, they also stick a *lawrgur*, a curved stem of a shrub that looks like a fishing pole bending over the altar, at the end of which hangs a cotton string that holds up wooden figurines of the sun and the moon, whose spirit-owners, I am told, can thus oversee the ritual. Then, they take water from the well with a bowl and fill the *jirbaqdirsiq* (bamboo segment), which is planted at the feet of the altar. Doing so allows them to kill the white chicken and the dog, the blood of which is poured onto a bowl and placed at the feet of the altar as well.

Before the ritual starts, one of the participants will gather a handful of soil from some of the fields owned by the sick person’s family dispersed in the village surroundings. He wraps these in banana leaf and heaps them by the altar. The reason behind this act is worthy of mention: since the *yarmir* spirit originally comes from one of the fields the sick person habitually works on, taking soil from each spot will make sure that from whichever field the afflicting *yarmir* originally hailed, it will be there to witness the offering. With

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<sup>66</sup> There can be exceptions. I have been told (but never seen) that a woman can attend outside rituals only if her pain does not go away after many similar rituals. She can do so only if she wears a white skirt, which is usually worn by shamans when venturing into the spirit world (see chapters 6 and 7).



blood and soil laid there already, the participants complete the ‘raw offering’ by plucking hairs from both chicken and dog and placing them on top of the altar. As they do this, they peremptorily recite these verses:

<i>Eq e BurNya yaerzaq-anr kuqbyanq nar-eq</i>	BurNya has throat pain
<i>Aqbawr PirSaer naeq e yarmirgawqyoeqtoeq khawq e</i>	Grandfather PirSear has consulted the <i>yarmirgawqyoeqtoeq</i> oracle
<i>Khergar yaqmiq mirkhar davq ir paqngaqlaer toeqmanr ngaq deiq</i>	It looks like the <i>yarmir</i> spirit is afflicting
<i>Iqnanq nymqmr mirnavqnaevq bi taq-ir deir</i>	If not today, before long, may BurNya’s pain go away
<i>Ei narghaq maqnarcoer gawrghaq maqgawrcoer</i>	The sick person can’t live in pain
<i>Nyaqjeirdeir garhuq baqnaeq davqnaeq paqlaw ngaq</i>	In the past we did this sacrifice
<i>Aerpaqaer bi javqlawq nymq mr jmq naeq byaev awq</i>	Now we do it again raw
<i>Irnoq jav naeq byaev naeq maq dei</i>	Soon we’ll do it cooked

Collectively, they prepare the meat, making a bowl of ‘sacrificial rice’ before cooking everything together and roasting some dog meat. When everything is cooked, they make the ‘cooked offering’, placing on top of the altar some pieces of meat, a few drops of whisky and some water from the *jirbaqdirsiq*, and they recite similar words as the above, changing ‘raw’ with ‘cooked’. They then eat on the ground over a few large banana leaves, unconcerned about other dogs licking up the offered meat or knocking over the bamboo altar. After eating the meal, they walk back to the sick person’s house. Importantly, they are not allowed to take any leftover back with them (except salt); they would otherwise ‘wrong’ (*banq-e*) the ritual and would have to do it again. Having been in

contact with the spirit, the food is charged with negative potency and might cause harm to other people if they were to bring it back. For the very same reason, passers-by do not dare talking to them as they walk back because they have just dealt with a negative force. All these ritual codes are lifted once they are re-integrated in sick person's house, from which, without further ado, they go back to their respective houses.



*Figure 13* An 'outside' ritual (1)



*Figure 14* An ‘outside’ ritual (2)

## Analysis

These (admittedly terse) descriptions of the rituals afford a few notes of analysis. The first thing to note is that there is a noticeable difference in terms of how inside and outside rituals are organized. The sacrificial animals of inside rituals are only pigs and non-white chickens; no other animal is allowed. Outside rituals, by contrast, can variously involve the killing of male pigs, dogs, goats, ducks and white chickens; non-white chickens and especially female pigs – the prototypical ‘inside’ animals – are never killed in these occasions. There is a difference in types of paraphernalia used as well. Bowls with whisky or sticky rice, for instance, are ‘inside’ items, never used outside. The symbolic orientation of the two types of rituals also differs in remarkable ways. In ‘inside’ rituals, the emphasis is ‘centripetal’ (as I’ve shown with the soul-blessing and soul-calling ceremony in the previous chapter), it focuses on potency gathering. They are performed to propitiate some inside spirit, but also to beg protection and potency from them. The emphasis is on uniting forces; hence the prohibition for anyone to enter or exit the house, and the avoidance of speaking to outsiders until the ritual comes to an end (doing so would mean dispersing potency).<sup>67</sup>

‘Outside’ rituals work in the opposite way: here it is other people who do not dare speaking to participants as they walk back from the sacrificial site because they have just been in contact with spirits and are therefore negatively charged. Food, too, being negatively charged cannot be brought back to the village.

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67 Moreover, since this is considered a ‘positive’ ceremony, stumbling upon a bad omen on the day (e.g. seeing a snake) would sully the event. When this happens, the ceremony is postponed.

In terms of attendance, most inside rituals are restricted to the household or extended to people of the same clan and to some wife-givers, who are symbolically superior and are vehicles for blessing, but never to wife-takers, who are in an inferior position. For outside rituals, attendance is exclusive to males. In theory, every male can participate if invited, but (unless the sick person is a relative) most will not want to do so, as the attendance entails some risk. People are in contact with outside negative forces and therefore more in danger of affliction. Men with a pregnant wife, who are considered in an especially vulnerable position, never attend outside rituals for this reason. The same goes for people who feel they are not well or sense that their soul is wandering (*savqlar baq*). In at least two occasions, I heard people explaining illnesses by pointing out that the sick person had attended someone's outside ritual in the past while being somewhat unwell. In these circumstances, spirits afflict more easily. Crucially, for this very reason, *the sick person himself never attends the outside ritual that is arranged for him/her*. As we will see, this is a significant aspect to consider when looking at the efficacy of these rituals (see chapter 8).

What I have listed above is merely one elementary set of rituals out of a much higher number of possibilities. Many of the abovementioned rituals come in variants, which may depend on the location (for outside rituals), age of the sick person and even time of the year. Besides, there are elements of other rituals that can be borrowed and employed to make the ritual in question more suitable for the occasion. The system thus allows for a high number of possible permutations, and leaves room for creative thinking. It is especially shamans and diviners who make use of 'creativity' in thinking about the appropriate ritual to perform. For example, once a shaman suggested the Akha of MawPae to perform a village-wide ritual to restore health to the rice fields (see second example in Appendix C). This ritual entailed the disposal of a big bamboo mat



in the field of the person who first planted the rice. In fact, my interlocutors had never done such ritual before and did not fall within their standard inventory. But borrowing elements from more common procedures it had a familiar logic, and 'made sense' to them (an example of *bricolage*, Lévi-Strauss would say).

There is a feature of outside ritual that is particularly worth commenting. As the accounts of the various offerings to the rainbow, lightning bolt and *yarmir* show, a lot of attention goes into finding the right point of contact with spirits. In the *yarmirmirha daq* (BurNya case), soil was gathered from different fields the sick woman had worked on, to increase the chances of the *yarmir* coming to eat the offered meat. In other outside rituals, after consulting the cane oracle to divine the afflicting spirit, people, once at the spirit's abode, may consult the cane oracle one more time to determine the right spot where to sacrifice the animals. Besides, while doing both the raw and cooked offering people vehemently implore the spirit to stop doing what it is doing (working in the fields, cutting wood in the spirit world) and come join the meal. A lot of ritual action is specifically purposed to engage the spirit and enter in communication with it. In some cases (e.g. first example in Appendix C), people clear the site where the spirit dwells. For instance, the spirit of the dead is typically thought to cause affliction if a falling log or other stuff obstructs the path that leads from the village to the burial ground. In this case, aside performing the ritual, people will also clear the path to the burial ground. In the same way, the termite hill spirit tends to afflict when stuff (utensils, wooden sticks, leaves, etc...) accidentally fall on top of it. If the termite hill is deemed to be the cause, people will make sure to clear it of any stuff (as well as performing a sacrifice). Entering in communication with the right spirit and appeasing in the right way is the precondition for the ritual's healing effectiveness.

A final word, then, on idioms of effectiveness. Akha use the idiom ‘*taq-ir*’ to say that pain has gone away and ‘*ghaq-e*’ (‘to win’, ‘overcome’, ‘vanquish’) to say that they got the better out of the spirit encounter and managed to retrieve the soul. For this to happen, as I pointed out, it is necessary to find the right spirit at the right place, but also to carry out the ritual in the correct way. When it comes to laying out all the various paraphernalia in the right order, the attention on the procedure is high. Sometime elders chide younger participants who make mistakes in, say, setting up the altar or arranging the bowls on the winnowing tray. Ritual failure (i.e. the continuation of sickness) is typically attributed to the ritual being ‘not correct’ or ‘not matched’ (*maq tsaq*); it either didn’t tackle the right spirit, or there were some mistakes in the procedure (alternatively, failure is explained due to the soul having escaped too far, or to the underlying disease being non-spiritual in nature). To the question of why they employ a seemingly meaningless item in a certain ritual, of why, for instance, they must hang wooden figurines of the moon and the sun while doing the *yarmirmirha daq* (offering to the *yarmir* at the water well), people say that it is tradition, but also add that it would not heal otherwise. On this count Akha have a telling maxim:

*Tivq nar 12 jeiq guq nya,*

For every pain 12 things can afflict,

*Naevoq guq tsarkhawr tivq xe.*

If spirits afflict, one hair out of place  
and pain won’t go away.

Which means that every illness can potentially be caused by a wide variety of different things; when performing rituals for afflicting spirits, the procedure must be correct, for if even a tiny detail of it is wrong, the ritual will not work.<sup>68</sup>

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As the reader will have noticed, all the rituals described in this chapter are organized independently by individual families, without the direction of any specialized healer. These sacrificial offerings are the only means whereby ordinary people can enter into communication with spirits. However, they are able to do so only in a limited and tentative way. People cannot see spirits, nor can they enter into dialogue with them. As Eliade famously pointed out, ‘real communication’ with spirits is the prerogative (or better, duty) of shamans, who are endowed with the special powers of bridging the human-spirits divide through ‘ecstatic experience’ (Eliade, 1964:265). The next chapter introduces Akha shamanism, the most important component of the Akha personalistic healing system, before delving into the *nyirpaq car*, the central shamanic performance.

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68 The first part of this Akha proverb might be vaguely reminiscent of Antiphanes’ quote “All pain is one malady with many names.” (400 BC)



## Chapter 6: Shamanic performances

### Preliminaries on shamanism

The chance of witnessing first-hand a shamanic séance arose the very first night I spent in MawPae. A raucous chant broke the quietude of the night, as I was strolling around the village after dinner with Somvang, my Lao guide. Intrigued, I followed the direction of the voice, which led us into the house of master shaman Aqqiq MiqCuq. She sat on a stool, facing the ancestral section, with a black fan in hand, unmoved by our appearance. Shortly after, a dozen of other women dressed entirely in Akha clothes walked in one by one to congregate around her. Aqqiq MiqCuq's lilting chant gradually merged with theirs. They sat in a circle with a winnowing tray at its centre. In the dim light of candles, they chanted from their stools, now standing up waving the fan, now dancing in a languid mood and pausing occasionally to chat and chew betel, attempting, now and then, a few exchanges with Somvang and myself. My poor language skills prevented any substantial conversation on that night, but I had my mind awakened by that display of moving bodies and mellifluous singing. Somvang, who had never seen anything like it before, was equally riveted by the sight. The fascination waned after staring at the same spectacle for a few more hours. Racked by yawns, I was about to make my way to bed when I noticed one of the shamans tensing up on her stool, eyes shut, acting as if in an altered state of consciousness. Her legs quivered almost imperceptibly for some seconds, then escalated into fitful shaking and full-blown trance. The rapture lasted for less than a minute; then, breathing heavily and sweating, she regained composure, soothed by her companions who handed her out some tea along with kind words. Before long, three other shamans including Aqqiq

MiqCuq were struck by similar bouts. The chants, dances, and these isolated spasms carried on for some more time, until the jaded shamans packed up their betel fixings and made their way home, as dawn was already breaking.

Many questions whirled in my head that first night, about the purpose of the meeting, the content of the chants, especially about the motives that brought these women to undergo such protracted and strenuous gathering, which, I learnt thereafter, had to be held fairly regularly. The answers to these questions lie in this and the next chapter. The phenomenon was very alien to me at first; hence I spent a long time talking to shamans and poring over my field-notes and the relevant literature before fully coming to grips with its nature, and to further appreciate that, within the scope of human spiritual experiences, shamanism occupies a special place of its own.

On that occasion, at Aqqiq MiqCuq's house, the performance was not intended to heal a sick person. What I had just witnessed was shamans doing '*garma xo*', a term that literally means 'following the path', but which could equally be translated as 'treading' the path, for, in the shamanic imagination, the oral texts chart a way that needs to be habitually 'walked on' in order to master knowledge and spiritual strength. The séance was a meeting among shamans themselves, an event that, among other things, offers neophytes the opportunity to assimilate the mighty corpus of shamanic oral texts. Summarizing a phenomenon that will be the central focus of next chapter, an individual in an Akha village can become shaman after being 'called' by spirits, usually following an episode of anomalous illness. The shaman who presides the healing ritual notices the 'calling' and relays it to the family. From then on, that person is a shaman apprentice (*nyirpaq pirza*). She will be bound to participate in the *garma xo* seances held by the master shaman, and learn the oral texts, but will not be allowed to arrange healing performances and sacrifice animals (*dzeiqzaq mr*, 'working on the animals'). As an apprentice she lacks the

vision to search and find a sick person's soul, which is the purpose of the performance.

After mastering a central portion of the ritual texts an apprentice can ask for ordination as 'master' (*nyirpaq pirma*), on condition of being married and having at least one son. An expensive ceremony that is directed by another master shaman (or a spirit-priest) over two sacrificial days officiates her new status. On this event, both her and her spouse are bequeathed a shamanic name by the presiding shaman, who becomes the shamanic 'mother' (or 'father') of the newly officiated. The first syllable of a shaman's name indicates the 'way' (*paw*) in which she travels in her journeys. Aqpiq MiqCuq, for instance, travelled in MqGhanr's way. There are only slight differences in how shamans who travel in different ways organize their performance and paraphernalia, but no major differences, as far as I could tell, in the corpus of shamanic texts. Any master shaman must remember her shamanic genealogy (see Appendix B). The spirit-owner of her mentor and other ancestral shamans are frequently invoked during healing seances to serve as a guide into the spirit world.

On installation day, a shaman is also bestowed with a ceremonial knife (*lavqyaeq*) by a master blacksmith. This knife, endowed with spiritual agency, must be ritually 'respected' (*tuq*) at least once a year and is handled for no other purpose than killing animals at healing rituals.

Upon becoming master shaman one acquires the powers to rescue a sick person's soul and is bound to perform rituals whenever summoned by afflicted households. This makes shamanism an onerous vocation, undertaken more for spiritual pursuit and a sense of service for the community than for material gains: a three-day *nyirpaq car* (pronounced 'nyipa cha') performance—a true feat of memory and bodily endurance—is only recompensed with some meat and a few silver coins (or the equivalent in money). Perhaps for this reason, few

apprentices become masters. MawPae village had two female masters and fifteen female apprentices, none of whom were intending to ‘upgrade’ any time soon (other villages also had male shamans).<sup>69</sup>

Though tasked with an important social function, shamans do not have special political power. There is some consonance between their relative political insignificance and the fact that a shaman’s healing power is solely determined by her knowledge of ancient words, not by her persona. Perhaps unusually, comparatively speaking, Akha shamans do not stand out at all for having infatuating personalities (there are exceptions, as we will see). Concordantly, unlike what has been witnessed in other well-known shamanic contexts (e.g. Balikci, 1963), no feeling of rivalry or covetousness exists among ordained shamans, and no comparisons between them are made that are dictated by factors other than knowledge of the texts. So much so that a shaman always needs another shaman to perform rituals at her own house, when this is afflicted. Akha shamans, also, never turn sorcerers – this classic volta-face and the use of sorcery (*jaqnaevqnaevq*) is prohibited by customs.<sup>70</sup>

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69 The same system of rank (apprentice/master) and a similar installation ceremony applies to the spirit-priest (*boermawq*). As I mentioned in chapter 2, the spirit-priest presides important healing and non-healing ceremonies. Because a lot of attention has been given to this figure in other ethnographies and because the sphere of healing is principally the reserve of the shaman, I have decided not to focus on the spirit-priest in this thesis. For comprehensive accounts see Lewis (1969a); Hansson (1983a); Geusau (2000:131-138); Tooker (2012).

70 The phenomenon is certainly feared among people; the sole mention of the word ‘*jaqnaevqnaevq*’ (sorcery) in awkward contexts can send shivers down people’s spines, as I realized in one blundering circumstance. However, I have heard only of a very few explanations of misfortune due to sorcery, all with reference to misfortunes that occurred in the far past. It is forbidden to practice sorcery just as it is forbidden to directly accuse someone of practising it: whoever accuses another person of being one is punished with pig sacrifice—the rule effectively helps maintaining harmony in the community.

I have been using the term ‘shaman’ casually so far. In what ways can the Akha *nyirpaq* be defined as one? In his classic treatise on the subject, Eliade (1964) famously identified the hallmark of shamanism as either an ascending or a descending journey to the spirit world, through ‘ecstatic experience’. De Heusch (1971) later built on Eliade to mark a distinction between shamanism and spirit possession: in the first case the person travels to the spirits, in the second case it is spirits who descend and take over the person’s body. Refining previous terminology, Reinhardt (1976) argued that the distinction made by De Heusch ultimately boils down to ‘self-control’: the possessed individual is at the mercy of spirits, while the shaman makes contact with spirits on their own will. Subsequent literature has built on these articulations (see Pharo, 2011 for an overview).

Akha *nyirpaq* tick all of these boxes, but with reservations. With regards to Eliade’s point on directionality, Akha *nyirpaq* say that during their seances their soul ventures into the ‘spirit world’ (*naevq mirkhanq*), which is at times called ‘underworld’ (*mirov*), thus implying a descending journey, but this word is often used in the expression ‘*mirov lei*’, where ‘*lei*’ means ‘going up’, not down. Somewhat against Eliade’s emphasis, the actual position of the spirit world is not something that is given much thought to, and I received contradictory statements as to what direction the shaman heads to while performing. As for Reinhardt’s correction, while Akha shamans do spontaneously reach out to spirits and are not at their mercy, *this faculty takes time and practice*, and does not exclude fevered moments in which control of one’s body does seem, momentarily, to succumb to spirits, both in performances and ordinary life. The ethnographer who perhaps grasped this aspect most thoroughly remains Sergei Shirokogoroff. Working on Tungus shamanism (where the term *šaman* comes from), Shirokogoroff writes that “the most important and characteristic condition which makes of an ordinary man

a shaman is that he is a *master of spirits*, at least of a group of spirits" (1935:271). The emphasis is, discerningly, on mastery. Among *nyirpaq* this is cultivated through the continual training of specific modes of imagination and visualization harnessed during the séance (in chapter 7 I will discuss in more detail the phenomenology of shamanic experience).

Shamans, like other ritual specialists, are highly regarded individuals who absolve important function (as my villagers say, "we can't live without a shaman or spirit-priest"). There are various customs that ensure collective respect towards their profession. If a *nyirpaq* visits another village outside a ceremony, the host will sacrifice a chicken to her spirit owner. If she falls seriously ill, the village leader calls a sacrificial day to hold a collective sacrifice. Important spiritual knowledge dispensed by the shaman, to outsiders like me for instance, should be repaid in offerings of whisky. The significance of her vocation is further acknowledged by the fact that her healing performances, like all important ceremonies described earlier, can neither fall on ancestral offering days, nor on the *nyirpaq*'s 'bad days', namely birth-days of her family members and the day she turned master. The shaman's value is taken into account in more mundane judicial matters as well. On one occasion, a shaman in another village was caught stealing a chicken, but was given a reduced penalty because, people said, "he chants for all of us."

On her part, the shaman must fulfil her calling and perform whenever summoned by an afflicted household, regardless of age and disposition, and despite the high levels of stamina and concentration required by the ceremony. Once, a family in my village summoned a *nyirpaq* from another village who was nearing her eighties. She vacillated mid-way through the performance, visibly strained, but persevered till the end (helped by metamphetamines). As with any Akha ritual, what is started must be finished. There is certainly a heroic aspect that surrounds these undertakings. Another common term for

*nyirpaq car* – the shaman’s chant – is *nyirpaq xir* – the ‘shaman’s death’. As it is widely understood in the community, the performing shaman ‘dies’ in order to dispatch her spirit-owner into a perilous quest for the lost soul. Deep into the spirit world, she takes on the role of a skilled mediator. She enlists allied powers, quells unruly forces, and finally cajoles the afflicting *naevq* into releasing the sick person’s soul. She is endowed, for this purpose, with the exclusive ability to ‘see’ the spirits.

On the question of how shamans ‘see’, there is a stark divergence between etic and emic viewpoints, at least in terms of vocabulary. Academics usually describe the techniques whereby shamans venture into their journeys in terms of powers of ‘imagination’ or ‘visualization’ (e.g. Noll, 1985). But when I asked Aqqiq MiqCuq what she ‘imagines’ (*noeqmawr-e*, literally ‘to think-see’) during the chant, she brusquely retorted that she does not imagine anything. She *sees* (*mawr-e*). *Nyirpaq* are seers, whose visionary powers allow them direct contact with forces that remain hidden to all ordinary humans (see next chapter).

Shamanic vision is acquired gradually, in tandem with the acquisition of words (*dawq*). Training to be a knowledgeable shaman means above all ‘storing words in one’s heart’, the words that ancestral shamans have faithfully handed down to the present. Successful performance rests on the solid command of this edifice of texts, which the shaman taps into as the rite unfolds.

Ritual language differs from the vernacular in a number of ways. It adheres to specific prosodic patterns (see Hansson 1991; Terrell, 2013 for analyses), and is replete with archaisms. Many elderly and virtually all young people claim not to know much about this language, or feel so estranged from it to claim of not knowing it at all (even though they might catch the meaning of a few words). Once I attempted a word-by-word transcription and

translation of a séance with my best interlocutor throughout fieldwork, the 22 years old son of a spirit-priest who was reputedly the most knowledgeable young man on the matter. I had to abandon the effort soon enough as there were too many words he could not tell me the meaning of, which revealed that shamanic language is by and large opaque to the majority of non-shamans. I later got confirmation that this lack of understanding is indeed widespread, and people maintain that this has always been the case. A minor portion of the texts is also incomprehensible to shamans themselves.

The difficulty of this language and the limited time I had available meant that I myself have not managed to penetrate as deep as I wished into its subtleties. Akha shamans take decades to learn the texts; no ethnographer could gain full expertise over eighteen months. As a result, the analysis that follows lacks the rigour of the (few) ethnographies of oral texts that are based on multiple years of fieldwork.<sup>71</sup> Throughout my staying, I witnessed 13 shamanic healing ceremonies (*nyirpaq car*) and 7 séances among shamans (*garma xo*), from beginning to end. I took the entire audio recording of most of these with the intention of sitting down with a *nyirpaq* at some point and begin careful translations of the verses. Anthropologists always wish to find that one informant who patiently elucidates, step by step, the semantic universe of their culture up to its most recondite echelons (sometimes they do, e.g. Griaule, 1969). The three main *nyirpaq* I worked with, though incredibly well-disposed, just did not have the propensity to submit themselves to the rigour that a days-long word-by-word translation requires. I attempted to do it, sensed some resistance, and decided not to insist further. I managed, nevertheless, to gather the liberal translations of two *nyirpaq car* (healing performance) and one *garma xo* performance (held among shamans only). I played the recording to the

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71 I would especially single out Maskarinec's *Rulings of the Night* (1995).



shaman, handing her over my laptop and letting her pause and translate the chant as she saw fit. Later, I checked my translations with the more precise word-by-word translations gathered by linguist Inga-Lill Hansson among the Akha of Thailand in the 1970s. Together we pored over the texts to check regional differences and glean the major structure and themes of the performances (this occurred during three post-fieldwork visits to her house in Malmö). I integrated all this information with my own videos, photos, notes and explanations of the chant provided by shamans and other interlocutors. The result is a patchwork of different sources of information that form a general account of the *nyirpaq car*, which, though not complete, I believe to be correct in its broad outlines.

The texts—whose initially unfathomable content is now clearer to me—are rich collections of traditional knowledge, proverbs (*dawqdaq*), myths (*dawqmawqdaqoer*), clichés, evocative mentions of village landmarks, of flora and fauna, and of spiritual encounters, and descriptions of landscapes that are telling of the Akha migratory path from China. Similar contents are found in the texts of the spirit-priest (*boermawq tor*), in the poetic chants sung by the village leader (*xaqzivziv*), and in a variety of folk songs sung while doing seasonal farming work in the fields, though these are usually expressed in different words and rhythm. Texts can be broken down in structural units—or ‘motifemes’ (Siikala, 1992)—that the shaman herself recognizes as such. These recount a specific set of actions or visions, though they might involve different actors in it depending on what actions are undertaken during the journey (e.g. the motifeme ‘sacrifice to the spirit of the marshland’ allows variations in what animal is to be sacrificed, etc.). Motifemes are like compartments that can be filled in by alternative motifs (i.e. allomotifs) and can be extended through circumlocution or repetition or reduced to their minimal formula. To each

motifeme correspond specific styles of vocalization, body movement, and use of paraphernalia.

The sequential chanting of texts charts the shamanic journey that is expressed by the shaman in spatio-geographical terms. Each motifeme marks a stage in this journey, which involves an overlaying of different worlds. The story of the journey always begins at the house of the shaman. The shaman enters the house of the sick person, calling the sick person's ancestors and enlisting other allied forces. From there, she ventures into the spirit world to face a whole array of other spirits, searching for the soul. Once this is found, she tethers it back to the sick person. While the path from her house to the afflicted house is very similar in all cases, the routes and landmarks she visits when she exits the house vary on every occasion, making each itinerary unique.

In illustrating the kind of journey she undertakes, Aqqiq MiqCuq would always lay out the palm of her hand and glide the index finger of the other hand from the wrist up to the tip of the middle finger. "As I chant, I follow this way, trodden by other shamans before me". Then she would glide her index finger from the wrist into the thumb, come back into the middle of the palm, glide it through the index finger, come back, glide it through the middle finger, and so on. "As I chant, I can go into different paths". The open hand in the journey represents a crossroad (*gartsmr*). When this is reached, she can choose which path to go. Each path ends into the abode of a particular spirit-owner, which may be an ally whose strength and wisdom she receives, or an evil spirit, which may, or may not, have captured the soul of the sick person. There is a core 'template' that she must follow, made of a set number of crossroads (usually 12), though many downturns and deviations usually take place. Ethnographers of other shamanic traditions have written about 'power places' or 'power objects' that the shaman encounters at different points in their spiritual itinerary (e.g. Langdon and Baer, 1992). The same can be said about

the *nyirpaq*'s journey. These encounters are signalled by the solemnity of the words and occasional shaking of the shaman.

When I first saw the performance, it was unclear to me whether the shaman recited a stock body of text, composed the chant anew, or improvised it outright as she chants along. None of these propositions, I later realized, fully capture the character of shamanic chanting. Following Maskarinec (1995), I argue that the Akha shaman acts as a 'virtuoso soloist', who taps into the pool of ancestral texts to map out her journey, letting her intuition, guided by her spirit-owner and familiars, lead the way, while adhering to a minimal template laid out by tradition. Aqqiq MiqCuq stated vehemently that she does not 'improvise' (*noeqnoeq car*).

Akha shamanism, like Akha customs as a whole, stands out for its cultural homogeneity. Comparisons of texts hailing from communities that have parted ways centuries ago make clear that differences are slight (cf. Hansson, 1983b; 1983c). Arguably, this is due to the fact that knowledge of the texts is public and drawing from the same well of traditional myths and customs that define Akha as a group. At certain points in the ritual, the shaman mumbles secret words (*dawqlawlawq*), which differ more widely among shamanic lineages and communities because of their private character. These are considered important towards the rite's efficacy but make up only a tiny portion of the performance. As Evans-Pritchard (1929) once noted, the standardization of ritual language tends to be the consequence of 'magic' being owned by a clan or corporate unit, whereas its heterogeneity is a sign that 'magic' is not owned by any unit outside the individual. If we consider the whole Akha ethnic group as a 'clan' (see Kammerer, 1998:267), Akha ritual language seemingly confirms this principle.

## The performance

### Setting up

The decision to call a shaman is taken privately by the household head and his wife. People call shamans when some serious or chronic illness arise, usually after less onerous rituals have failed. It is customary, however, to have either the shaman or the spirit-priest perform at least once every three years to purify the household of 'bad stuff'. Sometimes a minor ailment might provide a good pretext to arrange a ceremony when a long time has elapsed from the previous one (see Hamayon 1993a:204 for some comparative notes on this point). Resolved to hold a *nyirpaq car*, the household head approaches the shaman with a boiled egg enveloped in a rattan woven container (*ghauvpawqturtur*), a signal that invites her to come and chant on a day that must be 'good' for both. The shaman sets off with a few apprentices, donning her ritual attire: the standard Akha outfit plus a wide Chinese-type rain hat (*lawqhe*), a white skirt (instead of the black one) and her ceremonial knife (*lavqyaeq*). She leaves her house guarded by her son (or husband). If something bad were to happen to the house while she is away chanting, she would fall ill, hence for the whole duration of the performance the son must take good care of it. Upon her return, the son will serve her rice, in acknowledgement of her effort. Because of this important role, a shaman without a son (or a husband) is not allowed to perform healing rituals.

The family of the sick person, complete of all its members, welcomes the shaman and her apprentices with tea and a pre-ceremonial meal in her honour (*xiqneirtivq*). Here, a chicken – the first of seven (the exact number is agreed with the family and can be higher, but is usually around seven) – is sacrificed. A member of the mother's brother's family, who takes on the role of 'shaman's helper' (*pircau*) for the duration of the ceremony must also take part in the

event. His or her presence at the chanting is yet another instance in which wife-givers act as 'enablers', or 'life-givers', to wife-takers. They will be asked to perform various ritual duties throughout the night that are aimed at easing the path of the shaman as she enters the spirit-world. The first duty is to prepare a tall basket (*khaqdanr*) filled with several ingredients.

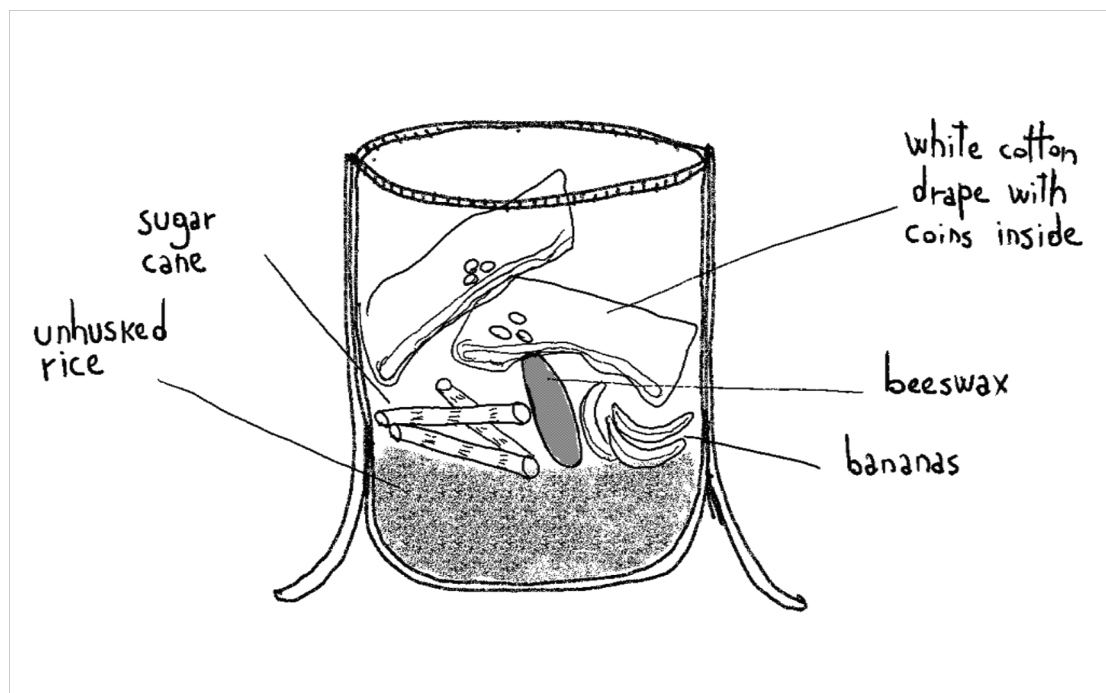
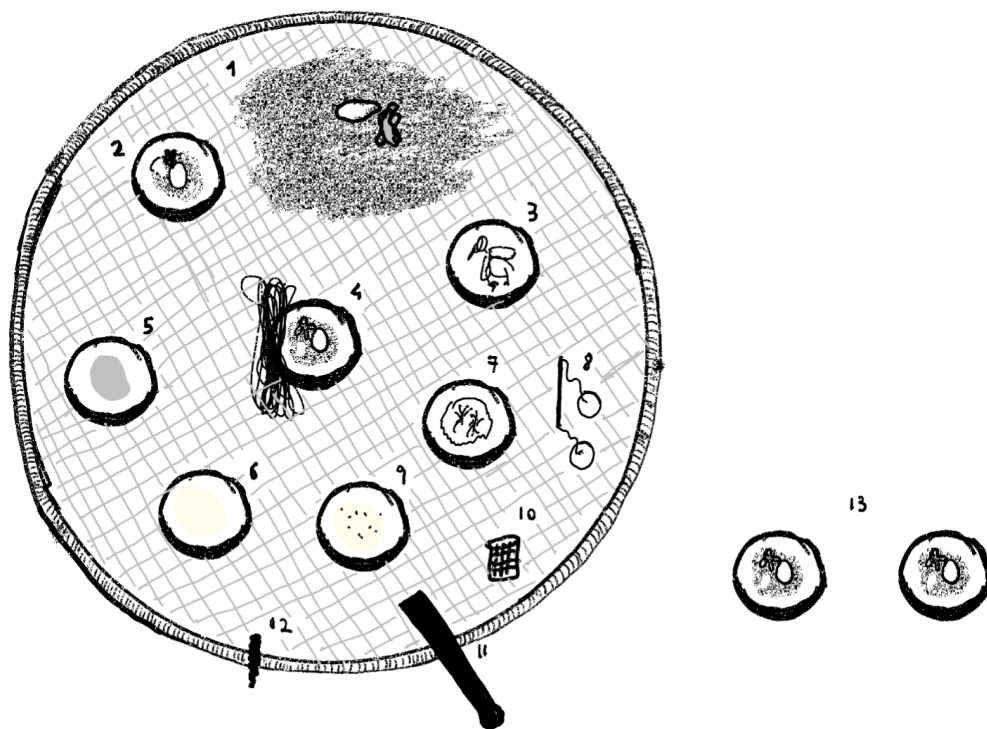


Figure 15 Drawing of the basket in shamanic performances

At the same time, a male family member prepares a large winnowing tray on the raised female side of the house, with several other ingredients, most of which are placed in bowls.



*Figure 16* Drawing of the winnong tray in shamanic performances

- |   |   |
|---|---|
| 1. Sacrificial rice (broken rice, salt, ginger)         | 8. Scale  |
| 2. Sacrificial rice (broken rice, salt, ginger, eggs)   | 9. Whisky                                       |
| 3. Chicken  | 10. Money bag                                   |
| 4. Sacrificial rice (sticky rice, ginger, cotton, eggs) | 11. Spatula                                     |
| 5. Tea  | 12. Beeswax taper                               |
| 6. Pure water   | 13. Sacrificial rice (rice, eggs, salt, ginger) |
| 7. A type of onion                                      |   |

The shaman fiddles with the ingredients on the tray throughout the night, mapping a correspondence between the events occurring in the spirit world that are evoked in the texts and the actions performed in the room setting. In addition to these standard items, and depending on the gravity and

circumstances of the performance, she might choose to work with supplementary paraphernalia.

The ceremony is structurally divided in an 'inside' part, in which the shaman chants and sacrifices animals inside the house and a subsequent, shorter 'outside' part, in which the shaman sacrifices other animals at the edge of the village amid further recitations. These two sections of the ceremony respectively resemble, both in character and mode of performance, the 'inside' and 'outside' rituals reviewed in chapter 5. Economically speaking, this ceremony is the most onerous of all; usually, a mighty three pigs, seven chickens and one dog (alternatively, one goat) is sacrificed by the end of it. The animals are fetched prior to the performance and arranged according to which part of the ceremony they are allocated to. Four white chickens, one pig and the dog are tied up on the outside porch, next to the door, while the rest is tied up inside, and left unfed until their sacrifice. The queaking, bleating and barking of these animals thereon accompany the night.

Before the chanting commences, the shaman calls the entire family to lay hands on the 'inside' sacrificial pigs. In vernacular Akha, she reiterates numerous times that the journey she is about to embark on is done for a serious reason—spirit affliction—that she would never do it in ordinary circumstances, and that there are animals, one of which she is touching with her hand, ready to be sacrificed. Next, the family is asked to crouch by the door and lay hands on a long bundle of leaves of two jungle plants<sup>72</sup> whose ends touches the dog (or goat) tied up on the outside porch. The shaman emphasizes that she has

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72 These types of plants - *tsirsav* and *maercae* - are used in other rituals as well. These are plants that are not eaten by animals, and, I suspect, might be considered purer for this reason.

these other animals to feed to the spirits – words and acts that underscore the gravity of her undertaking.

The family is released of other ritual duties for the rest of the night, while the shamans set themselves up in the upper female quadrant, next to the ancestral section. Sat on their stools around the winnowing tray, they begin a performance that lasts until late afternoon the following day and officially ends with a final meal on the third day. During this time, they are very much left on their own. Men go to sleep on the male side, women on the female side beside the chanting shamans. The sick person, who usually vanishes into a thick bundle of blankets, goes to sleep as well. At this point, I was often the only person awake left in the audience. From any point in the slumbering village, the only sound one hears from then on is the shamans' melody amidst the cicadas, until the concert of the women's pestles wakes up the rest of the village again at dawn.





*Figure 17* The shamanic performance

### **‘Inside’ chanting**

Through chanting, the shaman travels to distant spirit worlds while being simultaneously present in the house of the sick person. What explains this apparent contradiction is the fact that what travels to the spirit world is not the shaman herself but her spirit-owner with the shamanic name. Shaman Aqqiq MiqCuq, for instance, referred to herself as GhanrPyoe (her shamanic name) while journeying. The animals that she sacrifices to spirits in the spirit-world are likewise the spirit-owners of real animals. The following concise account of inside chanting distinguishes the events that unfold in the spirit-world and

those that the shaman reproduces in the actual setting of the sick person's house.<sup>73</sup>

*In the house*, the performance commences when the shaman harrumphs emphatically and cries “pehhhh!”, reproducing the sound that, in the myth of the human-spirits original separation, scared away the spirits from the Akha village. The chanting begins, with the shamans all sat on their stools. The master shaman leads and the apprentices follow in canon a few syllables behind.

*In the journey*, the shaman starts by awakening the animistic universe that she is about to venture in. The first verses of the chant call the attention of a multitude of spirit-owners that populate her journey (ritual objects, animals, features of the landscape, Akha mythical figures, etc...). Then follows a simple reckoning of the circumstances that brought her to chant at the house of the sick person. Making ample use of indexicality she narrates her summoning, her walk to the house of the sick person, the dinner meal and the preparation of the basket and the winnowing tray. In these verses, her status as *nyirpaq* is vehemently affirmed, as is the fact that from now on she will be carrying the ceremonial knife, which only master shamans are allowed to handle. She then addresses the sick person's ancestors and her own genealogy of masters. To the first she asks for forbearance, to the second she asks for strength. Finally, she addresses the spirit of the house-post (*uqmovdzanrmir*) using words of praise and respect, levelling the soil around it, offering liquor and sacrificing a pig. Ingratiating the cardinal figures of Akha society is a leitmotif of the chant, both at this initial stage and later deep into the spirit world. The shamans seek, and

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73 See Appendix F for a more comprehensive account of one specific performance. Further commentary is found in chapter 8. I should stress that the performance is incredibly complex. Here I have simplified in the extreme.

slowly acquire, a sense of connection with all these spirit entities, who will guide them along the path. The journey becomes a collective endeavor. One of the key features of the first half of the chant is repetition of verses within a motifeme: the use of the same verse to enlist each spirit, each ancestral master, each ritual appurtenance that she mentions. Shamanic potency is thought to hinge upon using many words for each act. Shortcuts would sap the shaman's strength and lead her into mistakes.

*In the house*, the chanting just described is accompanied by several actions. The shamans at times sit, at times engage in slow dances, waving their fans. At certain junctures, they mimic actions that they perform in the spirit-world. For instance, when approaching the spirit of the house-post and chanting about levelling the soil around it (which is something that Akha do in ordinary life when they see it in a dishevelled state), they stomp their feet on the floor to reproduce the same action. When it comes to making offerings to various spirits in the journey, the master shaman picks a few grains of rice from the bowls and flicks them outside the tray, doing the same with drops of tea or whisky. At one important point 2-3 hours into the performance, she stops the chant and throws cowrie shells repeatedly onto the winnowing tray until the right combination of three shells facing up and six facing down comes up. This is an auspicious sign that the journey can continue. The part of the chant set in the sick person's house ends with the summoning of the shaman's helper (*pircau*), who is woken up and given the shaman's Chinese-type hat to wear and the ceremonial knife. He or she crouches by the winnowing tray (for five minutes or so), to "clear the path from twigs and woods" and to ease the passage of the shamans, who, from then on, exit the house to embark on the most challenging stretch of their journey.



*Figure 18* Summoning of the shaman's helper

*In the journey*, the shaman, now on top of a saddled horse, is about to venture outside the sick person's house and enter an uncharted territory in search of the lost soul. Especially in the first verses, the shamans continue their visit to cardinal figure of Akha society to revere them, ask for help, and ask whether they have seen the soul. They might go to the house of the village leader, the blacksmith, the spirit-priest or that of various mythical figures. As they do so, they also repeatedly call the lost soul, cajoling it to return to her sick owner. Motifemes in this part of the chant are often interpolated with the narration of Akha myths, proverbs, and idealized accounts of Akha society. They also include repeated reflection on the emotional state of the shamans, which is often fearful. The shamans' peregrination typically continues through a number of cross-roads and the abodes of various spirits for which they sacrifice animals and give offerings. These spirits include, for example, the

spirit of the gate, the rainbow, the blacksmith, the spirit of 'bad death', the spirit of the shaman's old master, whose house the shamans must clean and tidy up as sign of respect, etc... Occasionally, they also meet categories of people who fall outside what is considered the ideal kinship arrangements of Akha society (spirits of widows, unmarried women, men whose wife has died, etc...). These are wretched souls who are prone to afflict other humans, hence they are addressed with pacifying words. The journey continues to the lowlands, where the shamans awe at lowland markets, lush green irrigated rice fields, money, and so forth, and to landmarks of the Akha migratory path, such as the mythical land of JaDae. All the while, they encounter other spiritual beings who might have afflicted the sick person and propitiate them accordingly (when talking to them, the master shaman must inaudibly whisper their proper name). Feeling that they have propitiated the afflicting spirits that are most likely to have afflicted, the shamans return to the sick person's house. Here, they take the white drape out of the basket and fold it nicely with the ceremonial knife, before putting it back. They also grab a plump rooster and let it flap its wings, so that the wind produced by the flapping makes the soul return. The journey ends by thanking and chanting valedictory verses to all the spirit helpers. These can go back to their own abode.

Meanwhile, *in the house*, the shamans alternate dances and moves that mimic the actions in the spirit-world. For instance, as they clean Aqqiq MiqCuq/GhanrPyoe's old master's house in the spirit-world, they mimic sweeping the floor with a broom. As this section of the journey is considered more dangerous than the first, fear often sets in. Shamans typically enter into trance, shaking their feet, with their eyes shut and the face visibly pained. When this happens, they are promptly reassured by their companions. At times the master shaman takes a nap and let the apprentices continue the journey alone. They are only allowed to 'loiter around' and cannot reach significant

landmarks on their own. Shamans also take frequent breaks from the chant throughout the performance to chat and joke among themselves, and nibble at food (some take a break to smoke opium). As the chanting nears the end, ritual activity intensifies. Reproducing the actions described in the journey, the master shaman takes out the white drape from the ancestral section's basket and puts it back nicely folded. The white drape signifies longevity; by folding it back the shamans wish long life to all members of the sick person's family (*zirbawrtawv*). Then the master shaman grabs the plump rooster that had been left unfed for the whole night and feeds it a few rice grains, before tying it up again.

### **Sacrificial meals and 'outside' rituals**

After the chanting comes to a close (usually in the late morning), the master shaman talks privately to the family head and tells him what she saw during the journey. Throughout the journey she propitiated a number of spirits, pacifying the evil ones and ingratiating the protective ones, but never explicitly identified the culprits in chanting. It is only by the end of the performance that she forms a clear vision of the spirits who might have afflicted (usually these are multiple). On the basis of her divination, she tells the family head the names of the spirits and what additional sacrifices the family should perform over the coming months. She also instructs him on what his family should do to prevent further affliction (particular taboos to respect, foods to avoid, etc.). Details are not made public.

After a number of minor rituals, the young men who have come to help out with the sacrifices stick two *jirbaqdirsiq* (small bamboo segment with of fermented rice, see chapter 5) on the ground and drag two screaming pigs inside the house by the female side of the room. They hold them tightly, while



the shaman slices their throat with the ceremonial knife, after pouring drops of water three times on their body. Other young men gather to kill the other chickens and prepare the meat, while the shaman oversees its partitioning. The livers are taken out and placed delicately on a wooden board. The shaman is given whisky from the family head, after which she can she divine the two livers. She studiously observes them from different angles, gliding her finger through their flaps. Elderly people come around: everyone gives opinion, contriving links between the configuration of the liver and past occurrences, which are advanced as explanation for the trouble. At the end, everyone says that the liver looks good and augur good things. The young men carry on with preparing the meal: one group chops the meat, the other cleans the entrails.

When everything is finally cooked, 2-3 hours later, selected pieces of meat are placed in four bowls, each representing one category of person that is related to the sick person's family at the ceremony: one bowl represents the shaman, one the mother's brother (wife-giver), one the wife-takers, and one the peers of one's own patrilineage (*zeevqyaer*). These bowls are placed on a small rattan table and their contents cannot be eaten by anyone except members of household (a ritual event called *khmqmaqciq*, literally 'lifting of the bowls'). Before their meal, Aqpiq MiqCuq performs a *lavqteevpavq* (blessing-enhancing ceremony) for them, tying cotton strings around the wrist of each member. The rest of the people who attend (many male and female elders in the village, the men who helped out with the meat, and the sick person's close relatives) eat the meal in usual Akha ceremonial fashion—men on one side, women on the other, elders first. From this point on, any wife-taker to KanBaq's family must leave the house. This effectively concludes the 'inside' part of the shamanic ritual.

The 'outside' part of the ritual is much shorter. The shamans and the shaman's helper take the remaining animals on the porch and walk outside

towards the forest, stopping at its edge. Here, they kill the dog, pig and the two chicks, which are laid out in parallel before the shaman. The shaman crouches down and performs the '*tordzaev*' (literally, 'reciting away'), a recitation of about 30 minutes with the function of expelling all remaining negative forces (mainly the *mɔcav* spirits). It is recited *sotto voce*, in hasty tones, and is not meant to be heard by others. Much of the content comes from the shamanic chanting, but it is interpolated with some 'big words' that have been bequeathed to the shaman by her master.



Figure 19 *Tordzaer*, 'outside' part of shamanic performances

The group at this point walks to the house of the shaman's helper, who takes on the responsibility of hosting the shaman. For this reason, he must kill another chicken to her spirit-owner and eat a meal with her. The shaman and her apprentices sleep at the shaman's helper's house. The morning after, they gather once again, for one last time, at the sick person's house, where they have



a 'purifying meal' (*ghaxawrbaq*). They kill another chicken and eat the previous day's meat, including the pigs' brains.

The ritual has now officially ended, but its effects linger on as a series of proscriptions for the sick person's family. For the following three days, every member of the family won't be allowed to exit the village. For the following seven days, they won't be allowed to wash clothes, and cut hair and nails. When instructed by the shaman, they will perform an additional series of sacrifices to select spirits over the coming months. Invariably, within a year from the ceremony, they will organize a *uqmovdzanrmir cavq* (sacrifice to the spirit of the house post): having enlisted its help during the performance, the spirit needs to be recompensated.

For her service, the shaman is remunerated by the sick person's family with half of the pig's meat and around 250.000Kip. Were any other master shaman to be in attendance, they would receive a chicken each. The apprentices do not usually receive anything.

### **The perceived effectiveness of the performance**

In chapter 8 I will analyse this performance in light of placebo science and anthropological theories of ritual efficacy. For the moment, let me say a few words about how Akha themselves think about its effects. If the sick person's subjective symptoms improve shortly after, the performance is simply said to have worked (*taq-e*), depending, of course, on the time frame and the extent of the improvement compared to expectations (see Young, 1977; Etkin, 1988; Waldram, 2000 for discussions on the different parameters whereby efficacy is evaluated). If the pain persists after a prolonged period of time, people do not hesitate in saying that the performance failed to work (*maq taq-e*), though they are generally uninterested in pondering upon the reasons why. When asked

explicitly about the causes of ritual failure, people never question the ritual's absolute efficacy or the logic that underpins it. The reasons are invariably sought in the way the performance played out. Typical responses include: "the shaman's couldn't find the soul" or "she couldn't vanquish the spirits"; "she wasn't right (*tsaq*) for the family"; "the disease was too strong"; "the ritual probably wasn't done right". By 'right', Akha do not refer to the beauty of the singing or the surface aesthetics of the performance. The success of soul retrieval hinges upon the correctness of the ritual stages, items and words, as laid out by customs, which is why people will spend a substantial amount of time debating about the positions of bowls, the ingredients to put in them, when and how to follow rules, and so forth. For a successful performance, the correctness of the ritual must also be combined with the correctness of the shaman's words. I mentioned earlier that the ritual efficacy is not premised on some intrinsic qualities of the shaman's persona, but on her knowledge of the textual corpus, on how many ancestral words she can keep in her heart (I once heard someone discrediting a shaman in another village on counts that she didn't possess many old words).

Throughout the ethnographic literature, one often hears of healers who, while astonishing some sections of the crowd, are accused by others of being frauds. Distrust typically falls on performers who employ a high dose of individual showmanship. For Hubert and Mauss (1972), this is what distinguishes 'magic rites' from the more routinized and liturgy-based 'religious rites', which are based on a codified script. Other scholars have proposed similar dichotomies. Lewis (1971) differentiated 'ecstatic religion' from 'liturgy-based religion', which, unlike the former, is generally systematized and devoid of dramatic and trance-like elements. Akha shamanism appears to fall somewhere in between, combining elements of trance with a high degree of adherence to script and customs, which effectively

precludes the rise of outstanding personalities (along with accusations of trickery, which I have never heard being levelled at ordinary *nyirpaq*).

An exception to this very general pattern was a movement of shamans that swept through the area by the time I was leaving fieldwork.

### **New shamans appear on the scene**

Around September 2015, rumours began to circulate about new powerful healers active in lowland Akha villages. In this context, the word '*aqpoeqse*' was mentioned, pronounced by my informants in a rather sombre tone. In Lewis' dictionary, *aqpoeqse* translates as "to get the 'spirit' of a mystical, Messianic type religion, which in practice leads to revolt against the 'oppressors'" (1989:60). In my case, the term was devoid of political connotations and had a slightly different emphasis. It implied a violent possession by higher forms of spirits that altered the person in some fundamental way, handing over his or her fate to spiritual will. After I left the village, one young shaman apprentice in a village nearby was said to have suddenly died because of '*aqpoeqse*'. In all other cases I heard, this event transformed the person into a powerful, exceptional shaman, a league above the ordinary *nyirpaq*. At the same time, quite a few villagers warned me that some of these individuals were probably cheats, that there are real *aqpoeqse* types out there, but one finds a lot of liars in the mix.

Even though individuals who 'received the spirits' in this way were known to exist in other villages, my interlocutors spoke of these shamans as a relatively novel phenomenon. Mostly based in lowland Akha villages, they had begun performing in highland villages a couple of years prior to my arrival and in my area only over the last few months of my fieldwork. I met two of these when they came to MawPae. Both of them had unconventional biographies, a

foreign-looking demeanour and a rather distinct appearance. For a few days they were the talk of the village.

Aqbawr MawrJoe, the first to come, had been ‘possessed’ a few years back and began shamanizing shortly after without going through the ordinary installation ceremony. He was quickly imprisoned, people told me<sup>74</sup>, because “the government feared him”, but released within a month after he cured the daughter of a high officer in Muang Sing, and revealed himself to be nothing but a very powerful healer, who, thereafter, turned his gift into a remunerative profession. He currently lives in Muang Sing with his wife, has more than 90 apprentices, drives around in an expensive car, and sports a kind of chubbiness that, in Laos, means wealth. Thick sneakers, abundant culottes hanging from above the paunch, earrings, hand-rings, a medallioned Akha shirt wide open on his chest; his stature was raised further by a gaudy white turban. He was chaperoned into the village by two young female shamans. Donning similarly shiny headgear, they made sure, like him, to stand out from all other ordinary Akha. His healing performance, in terms of exceptionality, turned out to be on par with his appearance.

The second *aqpoeqse* shaman who paid a visit to MawPae, Aqbawr BawKhawvq, seemed (to me and to my fellow villagers) even more exceptional. He claimed to be only 21 (though he looked a bit older). He was possessed a few years prior, after a long period of stomach pains. Doctors at the hospital said they could not perform surgery on him. Eventually, he was operated and cured by spirits, who left a large scar across his abdomen. He had studied in

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74 I obtained all the following biographical information about these shamans from villagers (whether this information is apocryphal or not, I cannot confirm). Due to the little time they stayed in MawPae and to some noticeable suspicion that both shamans held towards me as a non-Akha stranger, I did not have a chance to talk to them outside a few brief exchanges.

the local high school up to his seventh year but claims to have forgotten how to read and write after the possession event. He is usually addressed as *aqbawr* ('grandfather'), despite his age, and like Aqbawr MawrJoe, boasts dozens of followers around the lowland town of Muang Sing. He performed in MawPae and in some other nearby villages accompanied by two other young female shamans, and left the highlands with a few new acolytes in his wake.

I have already hinted at how Akha values of equality and strong ethnic identity reflect on the relative uniformity of comportment among villagers. Difference is always commented upon, usually frowned upon if diverging too wildly from what is customary. Such uniformity is effectively maintained by the language of shaming: an odd look or behaviour will be invariably objected with the remark "he/she doesn't have shame" (*aqyawvq xavqdaur maq baw*), which, either jokingly or disapprovingly, embarrasses the person and casts his or her behaviour as "unlike that of others" (*aqcawq maq dur*). It takes status and confidence to adopt a distinctive comportment that rises above shame. Such was the case of MawrJoe and BawKhawvq, who used their appearances and rumours about their feats to draw constant awe from villagers. Both had great savoir-faire and a strikingly feminine demeanour (people kept saying "they are like women", but also that they were "half Lao" by way of her foreign manners). The people who approached them in different houses in the village did so reverentially, fawning them. Children flocked around, timidly studying their moves. The house hosts guaranteed them the best of comforts during their stay. During meals and conversations, both MawrJoe and BawKhawvq adopted distinctive table manners; never lowering themselves to the earthy banter of other people, they kept delicately aloof. Their mien established an aura around them that carried over in their healing performance. This not only contained elements of showmanship that were absent in the performances of ordinary *nyirpaq*; though employing a similar format and texts as the

customary *séance*, they seemed to completely overturn its most defining elements.

For instance, both MawrJoe and BawKhawvq chanted during the day, not during the night. Their *séance* only lasted for three-four hours, compared to the twelve-plus hours of the ordinary *nyirpaq*. The reason for such brevity (as people told me) is that powerful shamans do not need to summon many familiars; they feel ready to face the spirit world without the spiritual assistance that is otherwise repeatedly invoked by ordinary shamans. Furthermore, MawrJoe and BawKhawvq did not visit a wide variety of spirits but went more or less straight to what they divined was the cause of the illness (BawKhawvq's performance was even shorter as he omitted the 'outside' part of the ritual). They chanted in the male side of the house, not in the female side next to the ancestral section. They did not use ingredients that are of crucial significance to the ordinary *séance*, such as ginger or the ceremonial knife. While they handled a knife during the performance, in the spirit world they chanted about brandishing a gun, which made them pretty daredevil to the audience (it was with a particularly grave tone that people commented on this aspect). They did not sacrifice pigs themselves but let the shaman's helper do it (MawrJoe told the helper to do it by bludgeoning it with a club, rather than bleeding it from the throat as is customary).

Other idiosyncrasies abounded. Whereas the traditional shamans usually confide her diagnosis to the household head discretely, both MawrJoe and BawKhawvq made a show of telling the whole audience about the afflicting causes. These diagnoses were more creative than the traditional ones. For example, BawKhawvq once treated a young mother who had rashes around a nipple and who could not breastfeed her baby as a result. In the past she had a baby who died when very young. After his dramatic performance, BawKhawvq announced that the pain was caused by the spirit of her dead

child, who was suckling her breast and preventing the living child to do so. This elicited wide awws and ohhs from the crowd, who is not used to hear public explanations for illnesses, certainly not to that level of detail. Yet another difference with the ordinary *nyirpaq* is that MawrJoe and BawKhawvq charged the afflicted family one million Kip for their service, part of which they shared among the apprentices (traditional shamans charge about 250,000 Kip and do not share it). Performing frequently guaranteed them a very comfortable life in the lowlands.

I saw one performance by MawrJoe and two by BawKhawvq on consecutive days. The most notable difference with the other shamanic séances I had previously observed was the presence of a large crowd, which thronged into the houses of the host families. People of all ages came to see the show, eyes soldered on the shaman. During the first break, a procession of women formed at the shaman's feet. On behalf of a sick member of their family, they approached him with gifts in their hands (silver coins, eggs, cigarettes, enveloped in a banana leaf) begging an answer to their predicaments. MawrJoe sat on his stool, stomping his feet in trance-like state before revealing to each woman what caused the illness, and what they had to do for their family member to heal. BawKhawvq listened to the women and relayed the predicament to his spirit-owner in a chant, enter into trance, and finally disclose a solution. The crowd hung on the shamans' words and continued to be fascinated for the remainder of the performance.

The performance carried on, upping the drama, and reached its apex in episodes of trance. Before the chant, MawrJoe asked the household head to tie a towel to a rafter, so that during trance he could hold it firmly with his hands as he jumped high and thunderingly, over and over again, with the flimsy bamboo floor creaking under his heavy body. BawKhawvq, on the other hand, was a specialist in body theatricality. He ventured into the lands of the 'terrible

death' spirit with his eyes rolled back, shaking with his arms splayed out. The shaking intensified until he seemingly fainted – “he’s fainted!” someone anguished from the audience – and vomited slime in the end, amid fits and pants. In both cases MawrJoe and BawKhawvq looked on the verge of succumbing to higher forces, yet always resurfaced from the emotional throes of the journey. Such acts of brinkmanship engrossed the people in attendance, who seemed to gradually identify with and feel the strain of the shaman. Cries of support arose from the audience: “*ghaq mir-a, ghaq mir-a!*” - “he’ll vanquish [the spirits]!” At certain junctures, the chants drew tears from women (and some children), who seemed to find something deeply poignant about the heroic efforts of the shaman. Women themselves later explained to me, somewhat abashed, that it was hard for them not to be moved when witnessing the shamans venture so far to retrieve the lost soul.

In all this, the sick person, for whom the performance was arranged and whose soul was purportedly brought back, was largely overshadowed by the drama. In all the three instances I witnessed, the sick individuals remained timidly seated on the side for most of the séance. In the end, the shaman called them forth to lay hands on their head, producing in them, and their close kin, a moment of catharsis.

Arguably, the set of innovations that MawrJoe and BawKhawvq introduced to the ordinary format of the séance had the (presumably deliberate) effect of aggrandizing their power. This is not only limited to the dramatic exploits that animated the performance. The fact that they chanted in the male side of the house implied less dependence on the help of the ancestors (who dwell in the female side), and the fact that they did not summon spirit familiars as repeatedly as the ordinary *nyirpaq* do made them *ipso facto* shamans of higher order. Chanting during the day guaranteed an audience and landing a few tricks captivated it further. Having finished with his performance,



MawrJoe asked the family host for water so that he could wash off some handwriting on his arm, which, people rumoured, had been imprinted by spirits during his journey. BawKhawvq once dazzled the crowd by rightly guessing the number of children of a woman in attendance, about whom (presumably) he could not have known anything. Looks of amazement ran through the crowd. Whereas the ordinary *nyirpaq* only dealt with an audience of spirits, these new shamans skilfully juggled between the chanting, the patient, and an interacting human audience. MawrJoe and BawKhawvq were performers through and through, in the mould of the famous Kwakiutl shaman Quesalid as he gained confidence in his stagecraft (Lévi-Strauss, 1963b).

Unsurprisingly, given their prodigious nature, these shamans reaped a large number of followers. Because of their cultic nature, certain types of shamanisms are well-known to carry significant political potential (e.g. Anisimov, 1963; Atkinson, 1989; Hugh-Jones, 1996). Ethnographic records abound with accounts of shamans of exceptional qualities who, with time, are able to mobilize communities into rebellion or the establishment of new political orders. This seems to have been the case among certain groups of Akha in Burma in the 1940s, who were induced into revolt by people who, like MawrJoe and BawKhawvq, were judged to be *aqpoeqse* individuals. Paul Lewis (1970b:6) heard from his informants that a man, thus possessed, initiated a messianic movement that almost led some groups of Akha to conquer the Shans, who were the domineering hill tribe of the time in the area (the Akha were defeated in the end). Against this background, it is easy to understand why, even today, the strongly nationalist government of Laos is wary of these individuals, and why it has persistently smothered any kind of shamanic activity that is perceived to go beyond healing. I have heard of at least two other *aqpoeqse* shamans who had to flee to Myanmar, as the Lao police grew suspicious.

To return to people's ideas about shamanic efficacy, I have stated that opinions about the ordinary *nyirpaq*'s rite were homogeneous to the point of being received wisdom in the community, whereas opinions about the efficacy of the *aqpoeqse* shaman's rite varied widely. Some individuals put much faith in their power; others were outright skeptical. The most skeptical, predictably, were the ordinary shamans. Prior to MawrJoe visiting the village, Aqpiq MiqCuq confided to me that many of these new shamans are plain liars, and that she, on the other hand, carries customs and 'does not perform to sell' (*'ngar saerdar maq nger dei'*). She attended MawrJoe's séance, and even wore the white-skirt on the occasion to be identified by him as the village shaman, only to find that he did not seem to pay her much attention at all. She adopted a kind of ingratiating behaviour throughout and seemed overexcited by his presence; at dinner, she added on to his remarks in an attempt to assert her expertise, but it was clear as day that, by the end of it, MawrJoe's brief visit hurt her pride. When BawKhawvq came to chant later the same month, she refused to attend his séance.

There were other skeptical people in the village. Incredulity seemed to vanish in the presence of the performing shamans, replaced by a sense of suspended disbelief, but would re-emerge in informal conversations after they had gone. Some people were admittedly persuaded by their authenticity. Others remained unconvinced, not necessarily with strong feelings, but, with a doubtful tone and a smirk, insisted that MawrJoe and BawKhawvq were probably just showmen, that they probably lied—an attitude that, though softer, bears parallels with that of Zande bystanders who insisted that the majority of witch-doctors were frauds (Evans-Pritchard, 1937:183ff).

If we compare the two different types of shamanisms described in this chapter, and people's attitudes towards them, we can conclude that there is a certain threshold in shamanic craft beyond which ideas of scepticism or

quackery set in (among the Akha at least). Malinowski called this the 'coefficient of weirdness' (1935:222, with a narrower focus on 'magical words'). When this coefficient gets too high, as in the *aqpoeqse* case, disbelief becomes more widespread. There seems to be a dividing line between shamanic powers that are understood as being within the realm of the plausible and powers that are perceived as implausible. I will touch on this last point more thoroughly in chapter 8 and 10, where I will also review aspects of the *nyirpaq* performance discussed in this chapter – particularly about the sick person's experience of the performance – to make a general point about ritual efficacy. In the following chapter, I am going to explore another facet of the efficacy of shamanic ritual, but one that only involves the shamans themselves.

## Chapter 7

### The shamans' circle

All the Akha healing practices that I have discussed so far are performed when people (or crops, or livestock) deviate from their state of health—their purpose is to remove sickness and return people to their pre-sickness state. When this happens, Akha use the word '*taq-ir*' to mean that the treatment has worked ('*mr taq*' if the treatment is a shamanic ritual). Rather than for the sickness 'to heal', '*taq-ir*' means to 'go away': the expression is used for illness as well as for general unpleasant states, as when, for instance, someone happens to accidentally ingest too much chili. This person will be handed something to eat, or will just be told to wait, so that the burning sensation 'goes away' (*taq-ir*). The outcome for all these healing practices is judged in terms of the extent to which the condition is eliminated, and healthy functioning returned. These are all 'restorative' processes.

Waldram (2013) has usefully distinguished 'restorative' from 'transformative' healing processes. Unlike the former, the latter is an incremental process that takes time and several sessions, typically under the guidance of a healer, with the aim of transforming the whole person. It frequently involves ideas of 'journeys' or 'paths' that need to be trodden with good intention and determination so as to avoid 'detours', 'relapses', or 'backsliding'. The purpose of transformative healing processes is not to bring back the person to a pre-sickness state – the sickness might remain for a long time, even for life – but to bring about a person who is new in some respects. Waldram notes that the line between restorative and transformative healing can be a blurry one; a restorative process might change the person as a by-

product, and a transformative process might end up removing the sickness along the way. Nonetheless the distinction is heuristically useful. Among the Akha at least it is fairly clear-cut. While all treatments discussed in the previous chapters are restorative, performed so that the illness ‘goes away’, the rituals I describe in this chapter – which concern only shamans – are all thoroughly transformative. The individuals who embark in these journeys are affected by a condition that, by its nature, cannot ‘go away’, not easily at least.

The main context in which this process plays out is the ritual I sketched at the outset of the last chapter: a periodic nightly *séance* in which shamans do ‘*garma xo*’ (‘following/treading the path’). I have seen the ritual a number of times at the house of Aqpiq MiqCuq, who held it fairly regularly with her novices, who were fifteen in total and between 24 and 68 years of age. The gathering offers the novices the opportunity to learn the oral texts, the only way, for a selected few, to become masters. Above all, it is held to placate a kind of pain that is part and parcel of being a shaman.

## **The calling**

The transformative journey of a shaman always starts with a ‘calling’ (*galei*). Like in other shamanic contexts around the world, a person receives a ‘calling’ after a phase of psychophysiological breakdown that is followed by recovery at the hand of a master shaman, who will herself proclaim her ‘chosen’. This usually happens at a young age (the youngest case I knew was a three year old girl). Both males and females can be ‘called’, but while chosen females can only undertake shamanship, chosen males are usually called upon to pursue spirit-priesthood or blacksmithing, depending on what the shaman declares after communicating with her spirit owner (some men, however, do become shamans).

Conditions that bear the hallmark of a 'calling' vary widely. Among the group of shamans I worked with, one of the most common was infertility. This is a condition that occasions great concern in a society that places high value on patrilineal continuity and generating life. A woman unable to bear children for the first two-three years of marriage starts worrying and will eventually summon the shaman to hold a *nyirpaq car*. In some of these cases, the shaman explains the predicament as a 'calling' from spirits and urges her to join the séances. Women who have suffered a string of stillbirths or miscarriages usually undertake this path.

Other behaviours suggesting a 'calling' are those that could be defined as 'asocial'. Young children or teenagers who do not engage in the bustling social life of their peers, who are overly taciturn, withdrawn, or unusually absent-minded, are equally suspected of having been chosen. If they fall ill for a protracted period of time, the shaman might confirm that this is the case. A six-year-old girl once received the 'calling' in this manner while I was in the village. She had always been a shy character, but at one point grew fearful of leaving the house and began eating very little. Emaciated and physically smaller than her five-year-old sister, she even started talking in her sleep, which for her mother meant that her soul was in a risky contact with spirits. Her family decided to hold a *nyirpaq car*, after which Aqqiq MiqCuq declared her a prospective shaman.

Having seizures is yet another possible sign of shamanic vocation, as can be other chronic, anomalous conditions.

Finally, there are cases in which individuals come into direct contact with spirits, especially if in an unexpected fashion. These are visionary experiences of a powerful and uncanny nature, unequivocal signs of a 'calling' that are strong enough, in most cases, to persuade the person into achieving

master status later on and becoming a healer. The first-person account from male master shaman Aqbawr PaqSaer, who lives in ParNuq village, offers a great illustration of one such experience. At the time of the narrative he was 14 years old and lived in another village in Burma.<sup>75</sup>

I was in the rice field, eating cucumbers with my cousin (*aqcan*) and my younger brother. I was about to leave the field hut when I suddenly became frightful. I can't tell you why. My cousin in the meanwhile, left the canopy to pick up some vegetables, and my brother and I decided to go back home. On the way, I heard the sound of the buffalo horn [played, by blowing into it, when people kill a boar]. And I saw a flock of black drongos. We reached a fence. Then a bridge. And I realized that the buffalo horn was not played by humans, but by spirits. I was the only one hearing and seeing this; my younger brother didn't. Spirits suddenly neared and attached themselves to my neck, here [making a strangling gesture]. I tried to free myself, terrified. The spirits ran away but came back once again and lifted me. I felt myself hovering above the ground, being dragged in this way to the edge of a stream, near a termite hill. There, the spirits – there were three of them – held me face down on the soil. I turned around to look at them in the face: they were drooling green saliva. But I looked again at them, after gazing briefly at the sun that was shining, and saw that the saliva turned white, like that of humans. As they clasped my hands with theirs, I could see their face even closer. They had a big, long nose, white long hair and a long beard that coiled around their whole face, and a long chin. I couldn't stand up. I then remembered the legends that my mother told me about spirits kidnapping people and I became even more frightened. 'Would they eat my feet? My head? What

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75 One afternoon, shaman PaqSaer, a gifted raconteur, told this story in a calm and engrossing manner, in front of an audience of at least a dozen people (mostly children). People were enthralled, even if they had heard the story many times before.

if they ate my brother?!” I thought. I was still looking at the spirits in the eyes, and I was so scared that I had to look down. I called my brother, who was in another field. “Come here! I feel like dying!” I screamed. He rushed towards me and found that I had my neck tied up with weeds, which he helped me untangle.

My brother and I walked home. On the way, upon reaching a fallow field of my own family, I heard the spirits coming near again and knocking [on something], while exhorting me to come back. I told my brother to grasp my shirt firmly and walk straight home, without looking back. I heard the spirits saying that they would make the path invisible, so I would not be able to reach home. I was incredibly scared. We nevertheless made it home and I told my parents all about it.

One evening, a few days after the event, I went out to pee. Normally, I would pee from the uncovered porch, but this time I decided to pee into a fissure on the covered side of the porch. Through that fissure, I saw a spirit coming towards me wearing the Akha turban and carrying flowers. I got very scared and went straight back inside. I didn’t dare leave the house for many days and would not even go to pee outside if my mother didn’t come with me.

After 7 days, my older brother’s wife told me to go plant corn with her. I really didn’t want to go but she convinced me to. I went, but with my bow and arrow. On the way, I hunted two birds. And I also went clearing the rice fields on that day, which had just been burnt. At one point I became hungry, so I looked around for cucumbers and, as I was walking, I spotted some trees at the corner of the field that my mother had cut down some time ago. Nearby, I saw two young unmarried, headdress-wearing girls of the family that owned the rice field next to mine. From a distance, I told them: “Are you not getting told off by your parents if you’re lazing about and not working?” And I realized at that moment that those two weren’t girls, but spirits. They were sitting on a big bough on the ground, dangling



their feet. One of them had a lock of hair coming out of the headdress<sup>76</sup> and invitingly called me to come nearer I started talking to them, but their language was unintelligible. “Maybe the spirit language is like that” I thought. I couldn’t make out what they were saying. I grew very scared. I couldn’t stay and I couldn’t go: I was paralyzed. I knew that my father’s brother was upstream and so I desperately called him. He heard me and walked down. I tried to walk towards him, but the spirits were holding me from the shirt. I couldn’t speak anymore. When my uncle arrived, the spirits fled and I regained my voice. I told him everything that had happened. I had left a knitted bag in the field but my uncle, after hearing the story, didn’t dare to go fetch it.

On the way back home, I was walking ahead, but I kept seeing spirits, now appearing on the right, now appearing on the left. Scared as I was, my uncle proposed to carry me on the back. My relative MirDiq also joined us, but I kept seeing spirits running around. Once we reached home and summoned the elders, these suggested that the spirits I had seen were probably *xav* spirits (spirits of the dead). Hence, we performed a *xavdzaerdzaer* (ritual that fends off the ‘bad death’ spirit) on the uncovered porch. But even after performing the *xavdzaerdzaer* many times, I kept seeing them coming inside the house. So we called the shaman, who said that MqYaerMqSar (the creator) was afflicting me and calling me, so I must become a shaman.<sup>77</sup> But I didn’t listen to her, I didn’t want to become a shaman at that point.

Not long after that, I moved house with all my family to GhanrXa village, on the Lao side. One day, while working in the field and about to go back home, I was struck by a headache. I thought that in this place I’d never see spirits again; I had moved house after all. But there they were. I saw two spirits on the way home. Very scared, I ran towards KaqCaer village.

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76 This is an uncanny detail because, by customs, unmarried girls should always hide their hair within the headdress.

77 I should note that the creator’s intervention in the world of humans is a rather exceptional event (see chapter 9).

I went to see my sister who lived there and told her everything. She told me to sleep on the male side of her house, but I couldn't fall asleep. I went outside to smoke instead. While I was smoking, I saw those two spirits again! One was an old man with long white hair, holding a pipe. I went inside, deeply scared. I went outside again and saw him once more. So I sent someone to call my mother from GhanrXa village to take me back home with her, which is what she did. This, however, didn't stop me from hearing spirits the following days, when I went hunting, whenever. We decided to call a shaman to chant at my house, numerous times, we summoned three times on the same month that year. It was not a good time. My wife was also in pain those days and my faeces were really black. The shamanic rituals didn't work on me. I only got better momentarily when, one time, we called the shaman twice in the space of 5 days. I seemed to be better as she chanted, but on the third day of the ceremony, when eating the final chicken, I fell ill again. I lied in bed that day, as my wife was taking care of me and cooking rice. I, once again, heard spirits coming towards me, this time chanting the '*keerdergee*' [a type of song that Akha sing at funerals, with the lead singer pointing to a board with various marks on it] and I was so scared. I happened to see many spirits, carrying whisky, ceremonial knives and many other items. I was so frightened. The shaman then called me to come near so she could look at my face, which, she noticed, was all dark. She poured whisky over me, and I felt a bit better. She vehemently told me I should join the shamanic chanting. I did, eventually. After joining, I felt better. And a few years later I became a master shaman.

Aqbawr PaqSaer's experience shares with other shamanic 'callings' in the ethnographic literature its raw, bewildering qualities. Eventually, shamanship turns the capacity to have such disturbing visions into productive competence. The visions that one cultivates after joining the circle are of an altogether

different type, less confused, more grounded, guided by spirit helpers with whom shamans progressively establish an intense relationship.



*Figure 20 Aqbawr PaqSaer*

Although their experiences or conditions might be extra-ordinary, people who are suspected of a ‘calling’ are never considered to be mentally ill. They

are never labelled ‘mad’ or referred to by way of similar epithets. There are certainly individuals in the village who Akha classify as ‘mad’ (*yaw ur*), ‘retarded’ (*aqkavkav*), or ‘epileptic’ (*mawrbawq*) (see chapter 9). These are individuals who, by rule, *cannot* become shamans. From the Akha point of view, the conditions that lead to a ‘calling’ are not natural pathologies. They are instead impelling signs of spiritual vocation. The two are very different, despite being sometimes very similar in their outward manifestation (e.g. Akha confidently say that the seizures hinting at a shamanic calling are *not* the same seizures that are symptoms of epilepsy, a disorder that is not spiritually related). Here, the Akha perspective clashes with an old anthropological conviction that shamans are by nature psychotics, schizophrenics, or epileptics (see most notably Devereux, 1956, 1961; Kroeber, 1940, and many of the early ethnographers of Siberian shamanism like Czaplicka, 1914) but aligns with more recent arguments suggesting that shamanic phenomenology “is clearly distinct from schizophrenic states” as well as epilepsy (Walsh 2001, in Rock and Krippner, 2011:23). Though the issue remains complex, the scholarly consensus is shifting towards the idea that severely mentally disordered people cannot become shamans, a conclusion that makes sense if we consider the nature of the shaman’s role, i.e. the fact that shamans are skilled mediators between ordinary and non-ordinary reality, who must be able to move from one dimension to the other with discipline and focus, in the service of the community. A person who is not well grounded in ordinary reality, who only dwells in ‘madness’ (*yaw ur*), is unlikely to be fit for such role (see also Hultkrantz, 1973; Harner, 1988:12;).

While a child as young as three can be subjected to a ‘calling’ following a period of sickness, her actual participation in the séances – the activity that will define her as a shaman – comes later. As a young person, she would be ‘embarrassed’ to chant because most Akha customs are supposed to be

practiced by adults. It is therefore the child's mother who will chant in lieu, until the daughter gets older. As they say, the mother in this case accompanies her daughter's soul, she 'takes her on the path' (*garma canrtaevq*), even if the daughter herself does not physically partake in the sessions. Sometimes, though, it is the mother herself who, after many séances, feels bound to keep chanting, while the daughter might never join the circle. This is what happened to a woman in MawPae called MiqDe. Some years ago, one of her daughters became sickly, crying constantly and not eating much. Shaman Aqqiq MiqCuq told the child that she was being 'called', but being too young, MiqDe began chanting in her daughter's place. Shortly after, though, the daughter got better. She married and had three children by the time she was 24. The reason for her recovery was attributed to the fact that MiqDe had been taking her soul to the séances. Since she never attended a séance herself, and her health was fine, the daughter did not feel the need to join the shaman's club. MiqDe, by contrast, could not stop attending the *garma xo* sessions at Aqqiq MiqCuq's house and has been chanting ever since.

While the conditions that first lead to a calling are either shaken off with time or become managed through chanting, after joining the circle other symptoms supervene. These could be considered forms of 'withdrawal symptoms' insofar as they reportedly arise after a prolonged abstention from chanting. To the question of why they chant, all shamans provide the same answer: "*nar lar mir nae*" – "pain comes otherwise". This is because, after joining the circle, they come to establish a protective relationship with the ancestral masters and other spiritual beings that needs to be periodically cultivated by 'treading the path'. Not chanting for too long bring them sickness in the form of fever, or more usually joint pain, insomnia and overall indisposition. Finding food distasteful is another sign that one should be chanting soon. In fact, many apprentices walk into Aqqiq MiqCuq's house on the night of the séance in

plaintive mood, complaining of these ailments. Aqqiq MiqCuq makes sure to hold séances at her house with a certain frequency (about once every 3 weeks) as to keep up the health of her apprentices (and her own), but on some occasions I have seen apprentices themselves soliciting her to hold a chanting session, to which Aqqiq MiqCuq amiably consented. The day after the night-long chanting, the shamans invariably report to be feeling better. Their betel smile is restored, their look rejuvenated. They feel lighter, as if having let go of a queasiness that had been harbouring for too long within. Some waver between states of sickness and health more sharply than others, but it is widely acknowledged that once drawn within the circle, shamans will feel the visceral need to chant to avoid pain.

Novices' narratives about joining the circle are telling in this regard. MirDev used the following words: "I can't sleep, my joints hurt. My muscles hurt. I want to chant. I feel that it is calling me. I have to chant!" Another apprentice said that she needs to chant because she would not sleep well otherwise, waking up a lot of times during the night and 'dreaming badly'. Yet another apprentice expressed her malaise with the metaphor of a 'chained horse'. As chanting involves (imaginatively) walking into the spirit world, a long period of non-walking stiffens the body in its joints and makes one crave for movement. "It's like being a chained horse. If you tie a horse to a pole for a month, it'll be all stiff and distressed and when you unchain it, it'll start running wild around the fields, right? It's like me, I can't stay still [making a gesture of recalcitrance], I need to walk, I need to chant!". Periodically, then, apprentices gather at Aqqiq MiqCuq's house to chant through the night.



## *Garma xo* – treading on the path

The ritual setting is similar to that of the *nyirpaq car* discussed in the last chapter: a dark room (the female quadrant of the house), lit by candles, a winnowing tray at its centre, about a dozen shamans sitting or standing around it, typically in Akha outfits, holding a fan in one hand and a towel over a shoulder. Aqpiq MiqCuq will have patiently arranged various paraphernalia over the tray. Commencing sometime after sunset, the gathering unfolds into the night with its chants, dances, rituals, and frenzied moments. The shamans return home at dawn or a little earlier.



Figure 21 *Garma xo* at Aqpiq MirCuq's house

The difference between the *garma xo* séances and the *nyirpaq car* performance is that these séances are not performed for a sick person and do not include 'outside' elements. The shamanic journey also differs in important

respects, having to do with its rehearsal-like character. Laying out the palm of her hand, Aqpiq MiqCuq would illustrate the path of the *garma xo* journey as one that goes from the wrist to the tip of the middle finger. “When animals are not sacrificed, this is the only viable path.” She may walk past many cross-paths and encounter many spirits along the way – indeed, there is a minimal template to follow here too – but she is not allowed to propitiate them. Equally, she is not allowed to enlist the power of her spirit helpers as in the *nyirpaq car*; but she salutes them with ingratiating words. Because she is not looking for anyone’s soul, many verses of the chant, directed at all kinds of spirits, reiterate emphatically that she does not have any animals to kill and that she is merely treading on the path. This needs to be repeated numerous times in order to avoid futilely inconveniencing the spirits. She must repeat that she is not carrying the ceremonial knife, and not wearing the wide shamanic hat. Aside from this, the chant is a downsized version the *nyirpaq car*, rich in salutations to protective spirits, legends, proverbs, paeans to Akha customs and its cardinal figures. The health of the shamans comes up often as a theme, described as something that is precariously held in balance since the ‘calling’: there are frequent verses about the fact that shamans cannot quit the séances, otherwise “pain comes”. Compared to the standard *nyirpaq car*, there is also a stronger emphasis on the emotional state of the novices, who are often hesitant and fearful (the themes of danger, protection, vulnerability, deference to ancestral customs crop up throughout). Aqpiq MiqCuq repeatedly asks her ancestral spirits to yield them strength as they venture into the spirit-world.

The *garma xo* séance is the only chance for novices to practice, to learn words, and to learn to ‘see’ spirits. Their participation is sheepish at first. Young novices join the gatherings with the look of people who are ill at ease, as they don’t quite know the proper way to act. They observe timidly and stay silent. Over repeated sessions, they grow more absorbed in the ritual thanks to the



guidance of Aqqiq MiqCuq, whom they call 'mother'. Aqqiq MiqCuq (under the shamanic name GhanrPyoe) shepherds them into the spirit-world. The chants picture her on top of a saddled horse, with the novices following slowly on foot. In the room, she is the one who leads the stanzas. Sometimes, she may halt the chant to gently upbraid a novice who stumbles or to incite her to dance. With time, novices develop the skill to shamanize; this is first of all a bodily skill, the ability to move oneself in dance and trance, and in coordination with words. Above all, shamanic expertise is defined by the ability to 'see' spirits as the chant unfolds. Novices say that while the master shamans envisions the journey, they "can't see spirits yet"; it is a skill that is acquired gradually, but to different degrees and not by everyone.

Those who 'see', and see with vividness, are also the individuals who are most able to fall into trance. After hours of rhythmic chanting and dancing, poignant words can send a shaman into a convulsive state of frenzy. I call this 'trance', as opposed to 'ecstasy' or other terms, following Rouget (1985:11), who defined it as an altered state of consciousness induced by perceptual overstimulation: music, dance, words, communal activity – contrary to 'ecstasy', a state typically induced by sensory deprivation (fasting, isolation, etc.). This state is achieved without the use of mind-altering substances.<sup>78</sup> Among Akha shamans trance manifests itself as body shaking: legs tremble at first, before the whole body is caught in convulsions. If caught while standing, a shaman leans jumping against the wall; if sitting, she grabs her legs around the knees and keeps on shaking, thundering her feet on the floor. Trance states generally last for a minute or two, but can occur more than once to the same person during the night. Aqqiq MiqCuq, too, falls into trance, though this

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78 There is no hallucinogenic plant or animal in the area. Some shamans take pauses from chanting to smoke opium, but they do so only out of addiction.

happens more frequently during the *nyirpaq car*. When a shaman shakes, her companions keep on chanting regardless, unless she ends up bouncing out of control, at which point Aqpiq MiqCuq shouts ancestral verses at her to calm her down, or hands her over some ‘blessed’ whisky (which has a soothing effect)<sup>79</sup>. Other novices may look amused, or even laugh out loud when the affected one regains control. A central quality of the trance state, and of the chants more generally, is the level of absorption that shamans experience while at it. A group of men might have a boisterous drinking session next to them, in the male quadrant of the house, but this does not interfere with the séance, nor did the close-up photos that I was solicited to take, even of people in states of trance.<sup>80</sup>

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79 It is interesting to note here that the Tungus term *šaman* – both a noun and a verb – does not primarily specify a spiritual journey, but means, rather, “one who is excited, moved, raised”. As Montanari (2017:71) pointed out, the term ‘shaman’ in many different cultures is etymologically related to words that signify a moving body.

80 There were many events that I was not allowed to photograph (e.g. funerary rituals), but trance was not one of them.



*Figure 22 Shaman apprentice in trance (1)*



Figure 23 Shaman apprentice in trance (2)

Shamans explain that the state of trance is induced by fear (*guv*) – the fear of approaching spirits. However, shaking occurs when shamans approach not just an evil spirit but also when they approach an important protective spirit helper, an eminent Akha figure, or upon hearing a highly poetic verse. This suggests that fear, at least in this context, might refer to more than just being scared. To the extent that our language allows us to probe into feelings that are by nature ineffable, we could venture to say that this trance-inducing feeling is more akin to ‘awe’. Myth-telling and the deference towards ancestral figures experienced in many circumstances of ordinary life arguably lay the ground for such experience. Shamans say that they feel swayed into such state by the ‘power of words’ (they say that they feel ‘big words coming their way’ - ‘*daw yaw heeq lar*’).

An impression I had from the beginning is that these encounters are also tinged, sometimes, with sexual qualities – at least some of the trance states can be visibly orgasmic.<sup>81</sup> In fact, spirits are not imagined as entering the body (only in cases of sorcery does this occur): trance among Akha does not entail ‘possession’. It nevertheless entails a potent union of a kind, the experience of the intense presence of spirits.

The transformative healing journey of shamans, which eventually leads them to entertain such experiences, involves the steadfast memorization of at least a part of the huge corpus of oral texts. This can only be practiced during the *séance* since novices do not dare vocalize them in casual contexts outside Aqqiq MiqCuq’s tutelage. They would be very scared of doing so because words can evoke spiritual presence. Some sections of shamanic texts are ‘public’, as it were, stock verses sung in many other contexts of daily and ritual life that are fairly innocuous. Other sections of the chant convey much more spiritual potency. The most potent of all are those muttered imperceptibly by master shamans at certain junctures of the *séance* (*dawqlawlawq*).<sup>82</sup> These are the moments where spirits are called by their proper name. Since I wanted to learn more about these names, I once asked Aqqiq MiqCuq if she could whisper them

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81 In fact, the topic of sex never came up when discussing trance, and I never happened to ask about it. Inga-Lill Hansson, however, who observed the same kind of *séances* among the Thai Akha in the 1970s, had a similar impression. She once witnessed a *séance* in which a shaman was caught up by very intense breathing and convulsions, under the eyes of two non-shaman women, one of whom said to the other: “She acts like she doesn’t have a husband!” (pers. comm.) The sexual dimension of trance has been repeatedly commented upon in the ethnographic literature on shamanism (e.g. Lewis, 2003; de Heusch, 2009:132-183)

82 These are also the sections that I was sometimes not allowed to record. When they did not object to my recording, they made sure to whisper these words so softly to be inaudible.

to me so I could hear and, possibly, record them. She did, but *sotto voce* and in a ceremonious manner, and only after I had poured some whisky for her. She also told me that one must never utter them in the forest because spirits would come at you right away. It is only master shamans who feel confident in calling spirits by their proper names, but even they can make mistakes that can potentially kill them or drive them insane. The other master shaman in MawPae, Aqpiq MiqDi, once lost her faculties by making one such mistake while chanting. People were eager to tell me that she used to be one of the most learned masters in the district. She would chant with passion all the time until 'a mistake' – nobody knew exactly what its nature was (asking her seemed inappropriate) – sent her to bed in a delirious state for over a month. She recovered, eventually, but never dared to chant on her own again, let alone perform the *nyirpaq car*. All this illustrates a point that shamans make in their narratives, that once they join the circle, they progressively come to terms with a spiritual realm charged with intensity and fraught with both elation and danger.

In taking part in the séances, shamans do not only cultivate relationships with spiritual beings, but also among themselves. The gathering sparks conviviality and strengthens bonds. It can also be a great deal of fun, especially if considered against the backdrop of the tiresome and hardworking life of Akha women. Participants take several breaks throughout the night, during which they nibble at the food served by Aqpiq MiqCuq's son (bananas, peanuts, sugar cane), prepare some new betel, and chat and joke together in good spirit. I found it striking how quickly the tone of the gathering could shift from the gravitas of collective chanting, which can send shamans into trance, to the very informal, unconstrained chatter that follows, when shamans might end up talking about virtually anything, from how well the cabbages have grown this year to making jokes about the fat ass of the Lao policeman's wife.

The chants express a communal orientation also because, at times, they can be purposefully held to coincide with important village occurrences or in the event of village crises. Once, Aqqiq MiqCuq decided to organize a séance on the first day of the rice harvest, and supplemented the ritual with complex offerings to the ancestors. On two occasions, she held it following untoward events that affected the community, once after Lao soldiers raided the opium fields (after villagers had spent months weeding them), a second time after a heated altercation broke out between members of two patrilineages. Aqqiq MiqCuq explained to me that, on these occasions, the chanting serves the purpose of reconciling the souls of the village. “You have the phone to communicate with people, right? Well I don’t, I don’t even have one, but I chant to communicate to people’s souls. I get people to agree with each other and make harmony.” Like other master shamans around the world, Aqqiq MiqCuq exercised her profession with a sense of service for the community.

### **Becoming master**

Unfortunately, I never had the chance to see the installation of the master shaman. Accounts of the ceremony that I gathered from a few informants lay emphasis on its lavishness: they kill 5 adult pigs (3 sows and 2 boars) for different sets of relatives and ancestors, one chicken for every ritual master (shaman, spirit-priest, blacksmith, village leader) in attendance, and provide food for all people of MawPae and other villages who come in droves, over two sacrificial days – a big occasion even by Akha standards. The ceremony is held at the house of the master-to-be, presided by either a master shaman or spirit-priest (while the latter can install a shaman, a shaman cannot install a spirit-priest; after the ceremony, the family of the master shaman or spirit-priest who installed a shaman will become a relative (*aqyeevaqnyir*) of the latter’s family).

On the first day, the newly officiated is given the sacrificial knife (*lavqyaeq*), the wide Chinese-type rain hat (*lawqhe*), and a shaman name. Other rituals follow, along with the long texts that the new master is compelled to chant for two days, without sleep in between. Only after the installation can she perform divinations and official ceremonies. The power to heal is bestowed upon her by MqYaerMqSar, the creator.

The material perks of presiding healing ceremonies are usually not sufficient to prompt a shaman into choosing to 'upgrade'.<sup>83</sup> Shamans who do become masters tend to have extra qualities and purposes. For one, they have outstanding personalities. They seem to be gifted with kind of sensitivity that is especially palpable in interpersonal encounters. Having spent a lot of time with them, I could not help noticing that they were attuned to my moods and intentions like none other in the community.<sup>84</sup> On my part, I learnt that coming up to them with a long list of questions never worked. Sensing that I had an 'agenda' to fulfil, they would turn apathetic or launch into soliloquies about matters I had not asked about. I learnt that to establish a relationship (I'm speaking particularly about Aqqiq MiqCuq, but the other four master shamans

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83 I write the following paragraphs drawing from the conversations I had with the five master shamans whom I got to know fairly well during fieldwork.

84 My impressions on this point resonate with those of other ethnographers who worked with shamans. Bogoras, working among the Chukchee, commented that the eyes of the shaman were "very bright, which gives them the ability to see 'spirits' even in the dark. It is certainly a fact that the expression of the shaman is peculiar – a combination of cunning and shyness; and it is often possible to pick him out from among many others." (Bogoras 1909, in Grim 1983:44). And here is Elkin, describing 'Aboriginal men of high degree': "Beneath the unkempt hair, above a naked body or one clothed in the whiteman's cast-offs, and in an immobile face, shine shrewd, penetrating eyes – eyes that look you all the way through – the lenses of a mind that is photographing your very character and intentions." (Elkin, 194:95).



were similar) I had to stand by their own terms, be receptive to their insights whenever they felt like sharing them. Master shamans are also sensitive, more than any other person, to patterns in environmental and social events, coincidences, taboos. They are subjected to their own set of 'cosmo-rules' (e.g. Aqqiq MiqCuq could not eat Mekong fish), hemmed in an exclusive system of signs (e.g. only for her, seeing snakes near a field hut carried ominous consequences). There might be a connection between this semiotic sensitivity to the environment and the fact that their health and moods are noticeably susceptible to sudden ups and downs.

What particularly stands out, when one gets to know shamans like Aqqiq MiqCuq, is that her net of social relationships habitually exceeds the mundane world to involve a wide assortment of spirits, most importantly her own spirit-owners and the spirit-owners of their ancestral masters. Whether in performance or ordinary life, or during sleep even, Aqqiq MiqCuq engages in verbal exchanges with beings that are visible to no-one else. Sometimes, these are informal exchanges, in which Aqqiq MiqCuq simply chats to spirits about her daily life, as one would with a friend. On other occasions, particularly when the village is hit by adversity, she acts as the worldly referent for the community: she reports the problem to her ancestral master and asks for advice. This kind of exchanges might result in open debates, not infrequently ending in bouts of shaking, which require her embarrassed son to prepare a stool and calm her down.<sup>85</sup> Relationships with spirits are delicate and more pregnant with risks and stakes than those cultivated in the human world. They absorb her viscerally - mind, body and soul.

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<sup>85</sup> I cannot count how many times I was woken up in the middle of the night by Aqqiq MiqCuq's altercations with her ancestors. My house was right next to hers.



*Figure 24 Aqqiq MiqCuq*

## Conclusions

The observations I have made in this chapter on the transformative journey of Akha shamans resonate with some general theoretical points anthropologists have made on the phenomenology of such spiritual experiences. My observations and informants' own narratives suggest that through the participation in the séances shamans develop a capacity for 'absorption', defined by Luhrmann et al. as "a capacity common to trance, hypnosis, dissociation, and much other spiritual experience in which the individual becomes caught up in ideas or images or fascinations" (2010:75) while his sense of time and attention towards other things begin to drift. It is a skill that takes 'talent and training'. In shamanism, the latter is mostly about the cultivation of mental imagery. According to Noll (1985), this begins by increasing the vividness of visions that may spontaneously arise as one begins to shamanize. The first step in the process is to understand an unusual internal bodily sensation as the manifestation of the presence of an external agent, and react and engage with it until the experience grows shaper and more familiar.<sup>86</sup> To this increased vividness of visions corresponds, later, an increased ability to control them. Akha's emphasis on a progressive acquisition of knowledge and the capacity for 'seeing', reaching its pinnacle in master shamanism, tallies with such interpretations of shamanic phenomenology.

Vividness is strictly related to the power of words. Akha shamans' accounts of their experience seems to dovetail with an argument that Maskarinec, in a masterly book on oral texts, has made about the nature of shamanic language:

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86 Similarly, Luhrmann argues that for US evangelical Christians the experience of God's presence is progressively attained by taking certain thoughts that spontaneously arise and attribute them to God (Luhrmann, 2012:39-71).

that its 'powerful words' – particularly spirits' names – are not representations of spirits, they *are* those spirits. As such, shamanism can be said to defy a central assumption of Western philosophy, going from Plato to Wittgenstein (excluded), according to which language consists of the mere representation of external entities. Instead, shamanic words and the entities that they name appear to be one and the same. The scrupulousness shown by Aqqiq MiqCuq in whispering spirits' names, the fact that shamans say that they feel words 'come their way', are compatible with this view. The upshot of all this is that with the gradual acquisition of knowledge and 'powerful words' shaman *ipso facto* acquires new relationships. This changes her as a person. Maskarinec captures this process when he observes that:

Texts may actively construct self-hood [...] By learning texts, shamans do not just acquire cultural models, do not even just acquire a well-formed worldview with its articulated ethos. By learning them they transform themselves. They find themselves participants in new semiotic universes in which they discover, and are discovered by others to be, entirely different persons" (Maskarinec, 1995:201).

Trance states, the sexual aspect thereof, the gradual acquisition of 'words', the partaking into a collective activity: these are all manifestations of a broadening of social relationships around the shaman. It is through such social expansion that the transformative healing process of shamans plays out. The emerging picture of a master shaman is one of a socially augmented person.

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This chapter closes the exposition of the Akha personalistic healing system and, with it, the ethnographic part of the dissertation. The following (and final) three chapters will be of a rather different character. Taking stock of the ethnographic material presented so far and returning to questions about the 'placebo effect', part IV consists of an anthropological discussion of the insights the Akha offer on the problem of ritual efficacy.

**PART IV**

**INSIGHTS**

## Chapter 8

### Ritual efficacy in an externalizing system

In the first part of this chapter I will focus largely on the Akha personalistic healing system and I will argue that most of its treatments, particularly the healing sacrifices and the main shamanic performance (discussed in chapters 5 and 6), call into question a number of assumptions behind prevailing theories of ritual efficacy.

What stands out as one of the most interesting aspects of many Akha personalistic healing practices is that they do not attend to the physical body, which, by contrast, is the main object of focus of naturalistic medical systems like biomedicine (or other literate systems like Traditional Chinese Medicine or Ayurveda). Over the previous four chapters, I have shown that both in diagnosis and treatment, neither shamans nor afflicted people exhibited knowledge or interest about anatomy, pathophysiology or the general workings of the human body. What is striking, particularly in relation to the set of restorative healing and divinatory techniques described in chapters 5 and 6, is the thin correlation between bodily symptom of illness and afflicting agent. A single spirit can cause a variety of different ailments; for example, the *yarmir* spirit can spawn throat pain (e.g. MiqCuq's sickness episode) as well as chest pain (e.g. Argaw's sickness episode in Appendix C). Conversely, as the maxim quoted in chapter 5 says (*"for every pain, twelve things can afflict..."*), one type of illness can be attributed to a multitude of different spirits, whether these afflict singly or by joint action. While this does not apply across the board—there are cases in which a certain ritual is performed exclusively to redress a specific symptom or in which there is a faint link between afflicting agent and the

temporal quality of the illness<sup>87</sup> – the disconnection between the cause of illness and its bodily manifestation is a prevalent feature of the personalistic system. When sickness with no evident cause befalls, the ill person and her relatives direct their efforts at finding out the specific spiritual source of the affliction and, in doing so, they do not aim their attention at the physical body. The body itself, as far as the diagnosis is concerned, emerges as a rather uninformative ‘black box’, which reveals little, if anything at all, about the cause of illness. At no point during the medical odysseys narrated above did the bodies of MiqCuq or LawqGan become objects of medical inquiry, with the exception of when they visited the hospital. Instead, people looked for cues into past actions and circumstances that might have caused the illness. Shamans, equally, do not probe into the person’s body but seek the source of illness in the spirit-world.

That people’s thinking about illness is chiefly directed at the spiritual cause rather than the body became clear a few months into fieldwork. I was discussing Akha customs with a group of elders and at one point I asked them to make a list of Akha disease categories. Since the Akha language lacks a specific term for ‘disease’ or ‘illness’, with the exception of spiritually unrelated ‘internal disease’ (*nargaw*), the closest approximation I could get to the concept was ‘*nar jei*’, which literally means ‘types of pain’. I asked: “Could you list of all the names for types of pain?” The elders looked at one another, before one of them, somewhat grumblingly, began to reel off a seemingly bottomless list of terms: “*aqpoeqlawrpa, ghaxawrnyaevqsawr, sanqmaqmirmaq uqcavv, pahqmatsurivcuqxaer, ardeirleirkhan cavq, xivqpirpyev, xavcavcavq, xavdzaedzae, yarmir cavq,...*” At one point another elder interjected: “But don’t you know these already?” Indeed, I knew most of them already. But these were not names

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87 E.g. Chronicity tends to hint at a certain set of afflicting spirits, such as *yarmir* or the rainbow, whereas suddenness more frequently hints at another set, such as ancestral spirits.



of diseases; they were names of healing rituals, some of which I have described in earlier chapters. “Yes, what I meant to ask” I replied, “was a list of names for types of pain as in types of pain in the body, like fever, stomach pain, headache... you know what I mean, right?” The elders now found the question amusingly odd. “Oh, so you want to know how spirits *manifest* themselves in the body...” (“*mawrdo aqjeiq pyevq-ir*”), they said. “Ehm, okay, so, there is fever, stomach pain, headache, cough,..., knee pain, diarrhoea, ehm... back pain,... what else?” What the elders listed in response to my clarification (I wanted the names of types of pain in the body) were not diseases, but symptoms. When asked about ‘types of pain’ in the first instance, their attention was spontaneously drawn to the causes of these symptoms, spirits, and their treatment by way of healing ritual (as I explained earlier, people think of spirits metonymically in terms of the ritual that appeases them). Similar conversations I had thereafter revealed the same line of thinking. This shows, first, that at least in some contexts – e.g. when talking to an anthropologist after a long discussion about rituals – people tend to be drawn to discuss personalistic aspects of health, which they have more knowledge of, and resources to deal with, than naturalistic aspects of health. And it also shows that, within the personalistic system, if it is ever meaningful to talk about an Akha ‘nosology’ – the classification of diseases – this will mostly coincide with their classification of the entities that populate their cosmos, as Akha think of illness in terms of its spiritual source, rather than its manifestation in the body.

In an attempt to theoretically situate the Akha healing system cross-culturally, it is useful to revive a distinction that anthropologist Allan Young, taking the Amhara of Ethiopia as an illustrative case, made between ‘internalizing’ and ‘externalizing’ medical belief systems (Young, 1976). Young takes people’s ‘explanations of sickness’ as the main criterion for making this distinction. In the first, internalizing type, medical strategies are organized

around *physiological* explanations, in which analogies and causal thinking enable people to order events *within* the person's body, from the onset of symptoms until recovery. Aetiological information about the person's past might be diagnostically important, but the crux of diagnosis resides in the healer's interpretation of physical symptoms. In the second, externalizing type, by contrast, medical strategies are organized around *aetiological* explanations, which revolve around discovering what events could have brought the sick person to the attention of the afflicting agent. The relevant causative events here take place *outside* the person's body; sickness is primarily a symptom of disrupted relations, not between organs, but between people and external agents. Young notes that while most medical traditions, such as the Amhara's, use a combination of these two types of explanations, some are dominated by one of these types. Biomedicine and the 'lowland' medical systems such as Traditional Chinese Medicine, Ayurveda, or Unani medicine are mostly internalizing. The Akha personalistic healing system, as the account above has shown, is by and large externalizing.<sup>88</sup> Young's internalizing/externalizing distinction broadly maps onto Foster's naturalistic/personalistic distinction,

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<sup>88</sup> Importantly, the internalizing/externalizing distinction is not premised on the existence of external agencies per se. 'Germ theory' posits the existence of external agencies, but medical strategies within biomedicine concentrate on interpreting bodily symptoms (biomedicine is internalizing). Similarly, Akha spells and medicinal herbs cure bites or stings caused by external agencies, but the locus of the disorder is in the body (the practices explored in chapter 3 are also internalizing). Some people might even say that sickness is ultimately due to God's will or to the malevolent intention of other beings, but if medical efforts concentrate on the proximate bodily cause of illness, then these systems would still count as internalizing. Other examples of recorded healing systems that are predominantly externalizing are those of the Lugbara of Uganda (Middleton, 1965), Gnao of Papua New Guinea (Lewis, 1975; see in particular page 244ff for a similar account of the separation between cause and symptom), Tshidi of Southern Africa (Comaroff, 1980) and Lalawigan in the Philippines (Hart, 1978), among others.

though not in all cases: the rituals for soul-loss explored in chapter 4, for example, would be classed as personalistic because they deal with components of the person that are potentially threatened by purposeful beings, but internalizing because their treatment addresses the sick person herself (see Young, 1976:148, where he mentions soul-calling rituals).

In his article, Young was not concerned with identifying potential relationships between types of explanations of sickness and types of treatment. He simply stated that these explanations “rationalize their therapeutic strategies” (1976:154). What’s worth adding to Young’s analysis is that externalizing medical systems, unlike internalizing ones, leave open the possibility for the therapy itself to address external agents and to take place outside the experiential precinct of the sick person. Indeed, by taking place at the points of contact with outside spirits in the village environs or in the spirit-world, the majority of Akha healing rituals need not engage the sick person at all.

The fact that, due to the externalizing nature of the system, healing rituals are not primarily directed at the sick person holds some implications for the theories of efficacy that were reviewed in chapter 1. In particular, I believe that the Akha material challenges two interrelated assumptions about healing that are present in this literature.

The first is a widespread assumption about the centrality of the healer. In ‘The effectiveness of symbols’ Lévi-Strauss spelled out what he saw as the main differences between psychoanalysis and shamanism (the psychoanalyst listens, the shaman speaks), but insisted that the shaman, like the psychoanalyst, “establishes a direct relationship with the patient’s conscious and an indirect relationship with his unconscious” (1963a”1995). For Lévi-Strauss effectiveness is premised on interpersonal engagement between healer

and sick person. Dow (1986a; 1986b) later expanded on Lévi-Strauss to argue that medical traditions worldwide are defined by 'universal aspects of symbolic healing', in which the role of the healer is central. According to his 'universal' model:

- 1) the experiences of healers and healed are generalized with culture-specific symbols in cultural myth.
- 2) A suffering patient comes to a healer who persuades the patient that the problem can be defined in terms of the myth.
- 3) The healer attaches the patient's emotions to transactional symbols particularized from the general myth.
- 4) The healer manipulates the transactional symbols to help the patient transact his or her own emotions. (Dow, 1986b:56)

The figure of the healer appears in all four stages. More recent theories of embodiment and performance have distanced themselves from the intellectualism of earlier models to pay increasing attention to phenomenology, but likewise place great emphasis on inter-personal engagement: the healing response is assumed to emerge from the empathy, fame or sensorial dimension of the healer's technique. Many such approaches to indigenous healing have drawn parallels with Western psychotherapy (or, indeed, have sought to vindicate the efficacy of indigenous therapies based on their similarity with psychotherapy), stressing cross-cultural similarities (Kleinman and Sung, 1979; Devereaux, 1980; Kleinman, 1988; Kakar, 1991; Laderman, 1993; Kaptchuk, 2011; for exceptions see Calabrese, 2008; Ranganathan, 2015). Western psychotherapy places paramount emphasis on the role of the therapist,

particularly on their deontological empathy, warmth and sincerity (e.g. Rogers, 1995).

The Akha material presented in the previous chapters sits at odds with these approaches. One of the most interesting aspects of the majority of Akha rituals – all of the healing sacrifices reviewed in chapter 5 – is that they lack any therapist figure to start with, as they are independently organized by the household. Family members prepare a sacrifice at the afflicting spirit's abode without the intervention of any external healer. It is also hard to identify in these ritual contexts any significant inter-personal therapeutic relationship because many of the rituals take place in the absence of the sick person. Thus, while 'inside rituals', such as the offering to the house post, entail some form of participation of the sick person alongside her family and relatives, 'outside rituals' are mostly carried out away from the village, out of the patient's sight. The sick person is usually left at home resting or doing her errands; and she does not partake in the sacrificial food.

Shamanic performances, while obviously entailing the presence of a shaman, do not necessarily involve a significant patient-healer relationship either. When the shaman and her retinue of apprentices come to the house to hold a *nyirpaq car* (chapter 6), they station themselves in the upper female side and – with the important exception of the new *aqpoeqse* shamans – stay relatively isolated from the surroundings. The sick person is usually asleep during the proceedings (if male, he will sleep beyond the partitioning wall) or might be elsewhere around the house. Working with the Akha of Phongsali in the 1920s, Henri Roux made a similar observation, presumably about the same ritual: "The sacrifice is accompanied by a bowl of uncooked rice, a bowl of alcohol, a bowl of cooked sticky rice and an egg. Everything is placed on the ground and the sorcerer [*sic*] begins the prayer (*the presence of the patient is not essential*)" (2011[1924]:34, emphasis added). In other words, the event involves

minimal interpersonal engagement. The shaman barely interacts with the sick person over the three days, with the exception of the 'tying the string' part of the ceremony. Empathy, persuasion and warmth towards the sick person are likewise inconspicuous. In sum, by being directed at external afflicting agents and by forgoing the interpersonal relevance of the healer, Akha healing rituals provide an ethnographic counterpoint to the widespread healer-centred approaches found in the anthropological literature.

The Akha material challenges a second, closely related presupposition that is widespread in anthropological accounts of ritual efficacy. Underlying most of anthropologists' analyses of healing ritual is the assumption—sometimes the explicit argument (e.g. Tambiah, 1985)—that the medical tradition under scrutiny is fine-tuned to tap into the patient's healing resources, and to produce a kind of 'cultural fit' between the therapeutic ritual and the sick person who, by living in that particular milieu, has learnt to respond to it. They imply, in short, that the structure and character of a particular healing ritual can be explained in terms of its function in eliciting a healing response. This is particularly the case in 'embodiment' and 'performance' theories of efficacy: in describing the ways in which a ritual can be effective on the sick person, anthropologists often write as if the ritual has the features it has because it is designed to produce that effect.

Scholars working at the interface between the anthropology of ritual and placebo studies largely share this type of Malinowskian functionalism. That is, they imply that, given a certain human need or propensity, it is possible to explain the structure of a cultural practice in terms of its function in fulfilling that need or triggering that propensity. Starting from the premise that the placebo effect reflects a human capacity to respond to therapeutic ritual, a number of scholars assume that healing rituals are structured in such a way to exploit the susceptibilities to the placebo effect (mostly through the patient-

healer encounter). For example, in the book *The Problem of Ritual Efficacy* (Sax et al 2010) Brody writes:

A simple way of expressing what we know about the placebo response is that the human brain seems to be hard-wired to get better in illness, and that certain sorts of mental stimuli seem capable of turning this hard-wired system to produce symptom relief. The elements that make up ritual seem to be especially effective in turning on the wiring circuits (Brody, 2010:163)

In an article titled 'Reconsidering the placebo response from a broad anthropological perspective' Thompson, Ritenbaugh and Nichter seemingly complement this statement by writing that:

It is clear that in all societies healing modalities have developed to maximize the placebo response in an attempt to overcome assaults to well-being. This raises the question as to whether the placebo response, like other self-healing mechanisms, may be an evolutionary adaptation. (2009:20)

Cognitivist interpretations of healing rituals also subscribe to a form of functionalism. Under various guises, theories that originate in evolutionary psychology, memetics, cultural evolutionism or similar fields, see culture as derivative of some basic human cognitive capacities; they seek to explain the success and persistence of items of culture by referring to their capacity to trigger certain evolved cognitive susceptibilities (e.g. Dennett, 2018). A recent article on shamanism, just to cite an example that illustrates this way of

thinking, claims that the cultural success of the figure of the shaman, with its colourful array of tricks and melodramas, rests on its being like a 'cheesecake':

that is, the shaman as an 'exquisite confection crafted to tickle the sensitive spots of our mental facilities' (Pinker, 1997:534). In the same way that cultural evolution and bakeries have devised sweets configured for our Stone Age sense organs, cultural evolution and indigenous performers have assembled myths and customs that hack out psychologies to placate our anxiety (Singh, 2017:53).

Similarly, on the basis of findings that have demonstrated the potential of placebo effects, the human capacity to respond to 'placebos' is increasingly interpreted as one such evolved cognitive facility (e.g. Evans, 2004, 2005; Steinkopf, 2015; Humphrey, 2002:255-288, 2018; Humphrey and Skoyles, 2012). Based on the underlying functionalist premise of such cognitivist approaches, it is indeed reasonable to expect rituals in different cultural traditions to be geared towards eliciting a healing response, for example through the direct engagement with the sick person.

But does this expectation hold up ethnographically? As a way to add some analytical refinement to the issue, it is useful to refer to a distinction introduced by McCreery (1979) between 'potential' and 'effective' meaning of therapeutic rituals – a distinction that McCreery believes has been insufficiently examined in the anthropology of ritual. The *potential* meaning of a therapeutic ritual, McCreery states, is all the possible meaning produced by the ritual action, which can be potentially assimilated by a participant. The *effective* meaning is the meaning that is in fact assimilated by the participant, which, as McCreery points out, can be inferior to the potential meaning because participants do not always know the full elements of the ritual, or are not in the



position of assimilate them. The significance of this distinction is that a functionalist interpretation of healing rituals would have to assume that rituals are engineered to convert their potential meaning into effective meaning. It would otherwise be impossible to explain the structure of such rituals in terms of the function of producing placebo effects.<sup>89</sup>

To be sure, there is ethnographic material that easily lends itself to a functionalist reading. In a fascinating account of Malay shamanic healing, Laderman points out that for Malay shamans the “rites lose much of their effectiveness if a patient cannot understand their meaning” (1993:300) and that “the patient’s participation is essential” (1993:302). Many other therapeutic practices around the world conform to such functionalist character, including some of the Akha practices that I have reviewed in this thesis. Naturalistic treatments (described in chapter 3), the blessing-enhancing ceremonies (described in chapter 4), and the performance enacted by the new *aqpoeqse* shamans (described at the end of chapter 6) all engage the senses of the sick person, who is in a position to absorb all the potential meaning produced by these practices. The performance enacted by the new *aqpoeqse* shamans in particular is crafted to take the sick person along with the audience into emotional heights. It is true that spells and shamanic performances employ esoteric language that is not understood by most people (or that is inaudibly whispered), but this aspect is counterpoised by the halo of power that secrecy bestows to utterances, which, meaningful in itself, has been shown to have a

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<sup>89</sup> According to Lévi-Strauss’ account, the Cuna shaman seems precisely to attempt to convert potential meaning into effective meaning : “Everything occurs as though the shaman were trying to induce the sick woman [...] to relieve the initial situation through pain, in a very precise and intense way, and to become psychologically aware of its smallest details” (1963a:193).

healing effect (in placebo studies; see chapter 1).<sup>90</sup> Overall, there is a high match between potential and effective meaning: these performances appear to be fine-tuned to produce the kind of healing effect that has been shown by placebo studies.

This, however, cannot be said about the other Akha material reviewed in this thesis, mostly because of the absence of the sick person. In and of themselves, sacrificial rituals (chapter 5) and the *nyirpaq car* (ordinary shamanic performance examined in chapter 6) seem to possess many of the features which the medico-anthropological literature associates with efficacy. These rituals are rich in visual symbolism, they are characterised by lengthy repetition of verses and are replete with words of persuasion. This is especially so in the *nyirpaq car*, where the shaman tries her best to coax and negotiate with the stubborn spirits. But in line with the externalizing logic of the system, all these acts are aimed at the spirits with the purpose of retrieving the soul. Of all the symbolic power enacted through the performance, the sick person – who is often nowhere in sight – assimilates very little. What's more, the language used by shamans in the chant, while not secret, is also not exoteric: most people do not learn or understand it. The common absence of the sick person from the ritual action and the relative incomprehension of its meanings, when

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<sup>90</sup> A somewhat different set of considerations applies for the shamanic séances explored in chapter 7. Rituals here are transformative rather than restorative. They are not effective in eliminating symptoms; as oral texts and shamans' narratives show, they explicitly assume pain as part and parcel of the process. Still, it is equally possible to evaluate their efficacy in terms of the relation between potential and effective meaning. Shamans' accounts of their experience show that absorption in the séances – the effects that shamans feel – is proportional to the training and the level of knowledge about the oral texts that they acquire over the years. It can be said, in short, that the efficacy of these séances lies in the progressive ability of the shamans to turn their potential meaning into effective meaning.

contrasted to the expensive, intricate, and semantically rich character of Akha performances, make the mismatch between potential and effective meaning particularly striking – in other words, plenty of potential meaning goes dissipated.

Given the high mismatch between potential and effective meaning, it is impossible to explain the structure of sacrificial rituals and ordinary shamanic performances in terms of their function to elicit a healing response, as this is understood by placebo science and anthropological theories of healing efficacy.

What, then, can explain the character and features of these rituals? Tackling this question properly would require an immersion into debates about the nature of 'explanation' in social science that would take us far from the present topic. As a tentative answer, however, I shall raise a point made by Sahlins (1976) about the nature of what we call 'culture'. Challenging the view that culture should be viewed as a derivative of human natural needs, he argued that human life is essentially mediated by an autonomous 'structure' of symbolic meanings, which are systematically related to each other, most saliently in the form of binary opposition. For Sahlins, structure is autonomous and takes primacy over function.<sup>91</sup> Following this line of thinking, one would explain the character of Akha healing sacrifices and shamanic rituals by looking at how they fit coherently with the overall structure of Akha culture rather than at how they perform the function of soliciting a healing response. As I have explained in chapter 2, central to Akha culture is the opposition between the 'inside' domain of humans and the 'outside' domain of spirits. This distinction

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<sup>91</sup> Sahlins' target is a stream of theoretical approaches to culture that are dictated by what he calls 'practical reason'. Such approaches include, among others, Malinowski functionalism, ecological adaptivism, and certain strands of Marxism. An updated version of the book would probably also include cognitivist approaches such as evolutionary psychology.

is reproduced via a multiple set of binary opposites that organizes Akha daily and ritual life. Rather than maximizing placebo effects, healing sacrifices and ordinary shamanic performances are organized in such a way that conforms within this coherent, autonomous structure (this is evident, for instance, in the binary oppositions that configures the choice of sacrificial animals, paraphernalia and attendance rules between 'inside rituals' and 'outside rituals'). They accomplish a cosmological rebalancing of forces, re-enacting and demarcating the boundary between the 'inside' and the 'outside', between human and spirits, that is pivotal to Akha cosmology and Akha identity.

It is worth noting that the same boundary demarcation is enacted to protect livestock and crops, which, by virtue of being raised and cultivated by humans, are considered as 'inside' entities. This offers a further counterpoint against a functionalist explanation of healing rituals. While Akha have terms that express sickness within the person, sickness is merely one of the possible manifestations of the more general phenomenon of 'affliction' (*guq-e*). Tellingly, many rituals that are performed to recover the soul of humans can be performed, in the very same way, to bring back the soul of pigs, chickens, opium or rice (see Appendix C). As far as efficacy is concerned, these practices evidence the non-functional nature of the healing system because they show that the 'purpose' of healing rituals lies beyond the exploitation of placebo effects, which, barring the existence of paranormal phenomena, cannot be elicited in animals and crops.

Similar considerations apply to shamanism. Far from being a collection of tricks, the shamanic performance brings forth a coherent, self-contained world-view. The account provided in chapter 6 shows that the aim of the journey is to propitiate a number of evil spirits in the Akha cosmos, preserve relationships with protective spiritual beings and restore broken ones. The performance is also purposed to reaffirm proper kinship relationships for the

family of the sick person as a whole: as we have seen, many sacrificial acts before and after the journey are symbolically directed at different sets of relatives and ancestors. In short, the ritual has the features it has in order to restore cosmological order, not to elicit placebo effects. Importantly, the shaman also journeys into a landscape that bears an idealized semblance to traditional Akha society (she encounters the cardinal figures of the Akha village; navigates the spirit-world behaving as customs dictate; witnesses scenes that, albeit idealized, are very familiar to living Akha, etc.). It is a spiritual landscape that mirrors Akha living society. I posit, therefore, that the first explanatory condition for the structure of the performance is Akha society itself, namely, pig raising, rice growing, ritual making, house building, and so forth. The kind of collective action that creates Akha communities, which stems from particular political and historical factors (Tooker, 2012), provides a template for shamanism and must take explanatory precedence over any single evolved cognitive facility for healing responses.

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The observation that most Akha rituals that belong to the personalistic healing system are not healer-centred and that they present a mismatch between their potential and effective meaning is merely a challenge to widespread functionalist interpretations (i.e. the idea that one can explain the structure of healing rituals in terms of their function in eliciting a healing response as this is understood by placebo science). It clearly does *not* entail that these rituals do not work. As I have witnessed myself a number of times, many people seemed to improve after healing rituals, sometimes dramatically so. What, then, might constitute their effective meaning?

When looking at the overall context in which Akha healing rituals take place, it is possible to identify certain elements that, according to a number of medical anthropologists, are central in creating efficacy. Dow, for instance, suggested that healing occurs as the experiences of the sick person become “generalized with culture-specific symbols in cultural myth.” (Dow, 1986:56b). On some level, this is discernible among the Akha as well. Given that the most elaborate symbolic structure of Akha rituals in great part bypasses the sick person (due to her absence or ignorance of this structure), I suggest that efficacy is more likely to lie in the rituals’ most common symbolic denominators, or what Turner (1967) called ‘dominant symbols’. Even when participation in the ritual is null, the sick person knows that the ritual is taking place and, infants and very young children aside, will be aware of its underlying rationale. Akha rituals are events that are set apart from ordinary life by a host of rules, customs and proscriptions – the ban on leaving the village, the intimate gathering of the family, lavish sacrifices of domestic animals, the prohibition on washing clothes, cutting hair and nails, etc. – which mark the proceedings with special significance associated with healing. We have also seen that Akha rituals enact and demarcate a separation between the protective inside and the dangerous outside. This key principle, reiterated over and over and in various forms across most ritualized activity, is understood by everybody in the community, and runs deep enough in the culture to seep into people’s bodily habitus. People speak of healing rituals as ‘driving away bad stuff’ (*maq meeq jeiq-anr biq dzae*), ‘making (the house) pure’ (*bi xawr/mr xawr*), or ‘obtaining blessing’ (*geeqlanr bi lar*). It is arguably through the regenerative potential of these embodied metaphors that the rituals work their effect, for they offer a meaningful rationale for the sick person to engage with and respond to.

In an important theory of healing performances, Kirmayer (1993) suggested that metaphors are central to efficacy. They are means for articulating illness that form a bridge between broad cultural symbols and individual bodily-given perception. Metaphors lend structure to inchoate experience, opening up possibilities for transformation. Assigning metaphorical meaning to illness, the healing ritual would thus work by creating what Turner (1980) called a 'subjunctive' *as if* space, a temporally shared virtual world in which novel configurations of ideas and relations, which are not entertained in ordinary life, can be explored (see chapter 9 and conclusion). By sliding into a subjunctive mood, the sick person is able to attach her emotion to particular metaphorical constructs provided by the ritual. The ritual gradually manipulates these constructs, resulting in emotional transformation in the sick person. As we have seen, the central metaphor in Akha ritual that accomplish this transformation is that of soul-loss. By casting illness in terms of soul loss – which can be recovered – Akha divinatory and healing rituals already imply the possibility of healing in their very framing. Besides, because soul-snatching spirits are invisible and only partly and tentatively knowable, the sick person and her family members are compelled to be creative and to always adopt a subjunctive "what if it works?" stance towards ritual. The rituals end up nurturing emotional states of wish, uncertainty, play, and especially hope – recognized by anthropologists as central aspects of healing (Eaves et al, 2016).

As embodiment theorists have argued, the aesthetics and sensorial dimension of ritual performance are fundamental to efficacy too, for they act as cognitive and emotional 'shifters' (Hinton and Kirmayer, 2017) that help the sick person disengage from rigid mind-frames and slide into subjunctivity and broader flexibility. For the reasons presented above, 'outside rituals' do not engage the sick person's senses in significant ways. However, the most important 'inside rituals' and the shamanic performances do end up creating a

distinctive sensory context in the house of the sick person, which she partly experiences. The smell of rice cakes that suffuses the house, the sultry air around the cooking place, the euphony of the shamanic chants, the grunts and cackles of the animals tied up at various corners, the stench of defecating pigs wafting through the room, the bustling atmosphere of the final meal, and so forth: all these elements might become associated with efficacy and visibly move individuals in profound ways. There is certainly scope, for writers more gifted than I am, to produce an evocative account of how these events happen to touch the mind and body of the sick person.<sup>92</sup>

As a final and perhaps most important element of effective meaning, there is the role of the family. While the shaman remains distant from the sick person, the latter is always cared for by her kin, before, during and after the ritual (see Appendix G for a more detailed account of the significance of care in healing).

In short, one might thus argue that the structure of Akha performances, though aimed at external entities and therefore not structurally aimed at targeting the sick person's consciousness (i.e. they do not seem designed with the purpose of eliciting placebo effects, but of conforming to the overall

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92 Many recent medical ethnographies contain lengthy and subtle phenomenological accounts of the sensory dimensions of healing, often informed by first-person narratives of patients themselves (e.g. Desjarlais, 1992; Csordas, 1997). One thing I should add in this regard is that, though hard in and of itself, this exercise proves to be even harder among people like the Akha, who do not elaborate much on their own 'inner feelings' (Tooker, 2019). Desjarlais writes that the Yolmo people he worked with in Nepal "hypercognize" suffering, insofar as they have a wealth of metaphors and idioms to convey states of pain and sorrow. Akha appear instead to hypocognize states of physical suffering and relief (I will touch on this topic in chapter 9).



structure of Akha society), contain meaningful elements that can be effective when the person is in the position to receive them.

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It is worthwhile to point out, by way of conclusion, that when talking about performances Akha own views on efficacy differ from those of anthropologists and placebo scientists. When asked about the process of arranging a ritual Akha never say that the efficacy of the ritual lies in the power of metaphor, aesthetics, surrounding care or the sensory dimension of the ritual. As I mentioned in chapter 5 and 6, they pay attention to the minute details of the ritual procedure, saying, if questioned on the matter, that their arrangement of ritual items must be perfect for the ritual to work. In short, emic and etic perspectives on efficacy appear to diverge. What I will argue in the next chapter, however, is that statements about the details of ritual performance (e.g. 'if you don't place the egg on the bowl the ritual won't work' or 'the unhusked rice must be on the winnowing tray for it to work, otherwise it doesn't') should not be taken at face value as propositional statement about the nature of reality on par with those of scientific theories. This is because ritual, for the Akha, takes place in a subjunctive '*as if*' mood that is consciously set apart from ordinary life. I will illustrate that when Akha do make abstract statements about reality, particularly about broader issues of causality in illness and healing and the very character of ritual – the main topics of the next chapter – indigenous thought and placebo science converge in interesting ways.

## Chapter 9

### Aetiology

This last chapter of the thesis switches register, so to speak. It moves from an analysis of practices to an analysis of thought. It shifts from the contained domain of the healing performance to people's theories about the causes of illness and healing. I will focus, that is, on aetiology. Placebo science will be a point of reference in this analysis too. Over the chapter, I will evaluate Akha aetiology in light of the aetiological picture of causal factors that, according to findings in placebo science, are implicated in the rise and relief of symptoms. On the whole, I view this chapter as a contribution to the 'rationality debate' in anthropology and philosophy (Wilson, 1970; Horton and Finnegan, 1973; Hollis and Luke, 1982; Overing, 1985). This is a debate that – prompted most significantly by Evans-Pritchard's work on the Azande (1937) – revolved around the issue of how to make sense of 'apparently irrational beliefs.' It had people's causal thinking as its main focus. It was driven by questions such as: why do the Azande explain illness and misfortune by way of witchcraft? What is the value of supernatural explanations? How do they compare to the explanations of the natural world offered by Western science? The wide variety of arguments that were advanced throughout the debate clustered around two main positions: an 'intellectualist' position, which thought that supernatural beliefs were mistaken beliefs about how the world works, and a 'symbolist' position, which argued that these beliefs were not actually beliefs at all, but statements about value, morals or aesthetics, whose meaning needed to be properly contextualised to be fully apprehended (for reviews see Luhrmann, 1989:345-365; Stambach, 2010). The debate quickly achieved a high degree of

sophistication. In what follows, without reviewing this complex debate, I will apply the same set of driving questions to my Akha material on aetiology, in light of the science of placebo effects. I will show that while my position differs starkly from the intellectualist, it will add a substantial contribution to the symbolist position. Succinctly put, the key argument of the chapter is that, when understood from an aetiological viewpoint, Akha 'spiritual beliefs' capture something right about the limits and possibility of 'placebo effects' (as well as the limits and possibilities of naturalistic 'medicine'). By explaining and articulating actual forces that shape human experience, there is, in short, nothing irrational about Akha causal thinking.

Before addressing my central claim, which will be laid out in this chapter and expanded in the conclusion, I first need to say something about the nature of reported symptoms among the Akha. So far, I have only discussed healing practices without delving overmuch into the nature of the conditions they treat. However, the reader might have noticed that, with very few exceptions, most of the illnesses that received ritual treatment, and the totality of the illnesses that required sacrifices, were somatic in character. In part, this reflects a phenomenon that in the medico-anthropological and psychiatric literature goes by the name of 'somatization'.

### **Akha somatization**

As the first few months of fieldwork in MawPae and neighbouring villages went by, I became struck by the uncommonness of cases of illness that were expressed in psychologising idioms (the kind of idioms that, for instance, fill the pages of the Diagnostic and Statistical Manual for Mental Disorders (2013)). Compared to the myriad of other somatic disorders I had witnessed in the village, and compared, also, to my experience with people with mental illness

in Italy and the UK, these seemed to be strikingly infrequent (except for the mild and transient emotional ‘heart-disturbances’ encountered in chapter 4). Sure, there were individuals who exhibited, very clearly, signs of a mental disorder. Akha call these people *aqkavkav*, which could be translated as ‘retarded’. The disorder, in these cases, is almost invariably accompanied by forms of physical impairment: the affected individual *looks* different at first glance from other people. There are also people who were referred to as *yaw ur*, ‘mad’, individuals who are visibly mentally derailed and for whom Akha seldom seek treatment, as they recognize that there is not much that can be done. These are relatively few according to the numbers I gathered: in the thirteen-village district where I worked, comprising almost 4000 Akha and Lahu people, I only knew of two individuals who other people identified as ‘mad’, one of whom turned ‘mad’ after developing deafness, namely a physical condition. As for all the other mental illnesses listed in manuals like the DSM-5 (2013)—the string of depressive disorders, anxiety disorders, neurocognitive disorders, stress related disorders and so on—there seems to be no counterpart in the Akha vocabulary and reported symptoms.<sup>93</sup> There is also no counterpart in the vocabulary used by local medical personnel who work in the district. I mentioned in chapter 2 that in 2006 a small clinic was set up in the hilly area to serve the thirteen Akha and Lahu villages. It was run by two Akha doctors who studied in a Lao medical school, one of whom I got to know relatively well. Tucked away in a cardboard box, he stored some antidepressants and other psychotropic medication but, as he took them out so that I could see them, he said that he had never had to prescribe them. His patients only come to the

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93 In chapter 7 I have written that people sometimes become shamans after showing some mental instability. These are never called ‘mad’ however, and, as I have pointed out, upon entering the shamanic circle their symptoms become primarily bodily.

clinic for physical, somatic complaints: fever, muscle or joint pains, headaches, fatigue, and so forth. This is not to say that these complaints, though experienced somatically, always have somatic causes. The causes of somatic symptoms can also be psychosocial, sometimes evidently so.

The case of my adoptive sister-in-law MiqDaw offers an illustrative example. In 2012, MiqDaw gave birth to a baby who died a few hours later and was buried, unnamed and without ceremony. A few days after the delivery, MiqDaw became ill and weak and remained in a sick state for almost a year until, by her own account, a combination of rituals and medicines brought her back to health. I spent a lot of time talking to MiqDaw and heard this story numerous times. All the symptoms she ever reported were pain (in the head and legs), tiredness, and poor appetite ('food not tasty'), namely somatic symptoms. She never mentioned sadness or emotional distress. But, if we assume a link between the loss of her baby and the illness, her case exemplifies the phenomenon of 'somatization': the manifestation of psychological distress by the presentation of somatic symptoms.

Somatization raises the question of whether we are dealing merely with a different way of expressing the same condition, or whether these symptoms actually reflect a different kind of embodied experience. The term 'somatization', as Kirmayer and Robbins (1991) point out, has been variably used to mean two different phenomena: 'presenting somatization', which refers to the presentation of exclusively somatic symptoms despite the presence of a psychiatric illness, and 'functional somatization', which refers to symptoms that are without a physical cause and that manifest themselves somatically (as patients say they do).<sup>94</sup> Not to be confused with the anthropological

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94 There is also a third type of somatization in the literature, 'hypochondrical somatization', which refers to the worry or belief that one has serious illness

'functionalism' we encountered in chapter 8, the term 'functional' used by psychiatrists refers to disorders in which the brain appears to be structurally normal, but *functions* incorrectly (the term is usually contraposed to 'organic disorder'). In the medical literature, the symptoms of these disorders are also called 'psychogenic', 'somatoform', 'psychosomatic' 'functional neurological', and 'medically unexplained symptoms', almost interchangeably (see Henningsen et al 2011 for an appraisal).

A look at the literature on somatization shows that anthropologists have mostly discussed somatic symptoms without physical cause under the rubric of 'presenting somatization.' There has been some discussion of Walter Cannon's reports of 'voodoo death' (1942) and sporadic hints at 'nocebo effects' (Hahn and Kleinman, 1982; Moerman, 2002b), both of which would count as 'functional somatization', but on the whole somatization has been discussed as a conscious and deliberate presentation of mental symptoms in somatic idioms.

On many occasions, anthropologists found compelling ethnographic reasons to interpret somatization in this way. Cross-cultural studies on somatic disorders have often revealed that patients report symptoms as somatic because of the stigma associated with reporting them as mental. The case of 'neurasthenia' in China, studied by Arthur Kleinman (1982), is probably the most well-known example in the literature, though there are many others. Among the Yoruba in Nigeria, a history of mental illness seriously impairs the chances of single women to attract a husband, therefore somatization represents a defence mechanism to avoid social difficulties of this kind. Likewise, Vietnamese refugees in Canada report only somatic symptoms to the psychiatrist (even when the psychiatrist later identifies personal problems in

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despite the absence of demonstrable disease, but I will not deal with this particular type here.

their life and strong indicators of depression) because, again due to stigma, they are reluctant to make psychological problems the focus of the therapeutic encounter (Kirmayer et al. 1998). Moreover, somatic symptoms are generally perceived by patients as a more effective route to healthcare. Psychiatric medication or counselling take longer to be obtained and the process is not as straightforward (this is especially so for migrants to Western countries, among whom somatization rates are the highest; see Lanzara et al 2018). All of this means that patients prefer to focus on bodily complaints when they visit the doctor. Somatic complaints, in these cases, can thus be said to reflect 'idioms of distress' (Nichter, 1981; 2010) that serve a strategic function, rather than expressing an actually experienced bodily condition.

Although I appreciate the cogency of these arguments, which propose that somatization in specific cultural contexts is 'presenting' rather than 'functional', my fieldwork among the Akha suggests that the same arguments do not fully apply.

I have certainly heard stigmatizing narratives about people defined as 'retarded' or 'mad'. These individuals, though cared for by their kin, are often mocked and marginalised (as I was walking through another Akha village, I once saw a 'retarded' man who was shackled to a log). One might thus argue that disguising emotional distress as a somatic condition is a strategy to avoid possible stigma of this kind. I suggest, however, that this is unlikely because the conditions of people defined as 'mad' and 'retarded' are rather extreme, and are often accompanied by physical impairment; in any case, they are very different from the condition of distress that lies behind the cases of presenting somatization that have been discussed in the medico-anthropological literature. Most importantly, if a person suffers from emotional troubles, there are 'inside' rituals to deal with them (described in chapter 4). Had my adoptive sister-in-law MiqDaw chosen to say that she was persistently sad (thus using a

psychological idiom), rather than being physically in pain (a somatic idiom), she would have probably had a series of soul-calling and blessing-enhancing ceremonies promptly arranged for her, and she would have received support from family and patrilineage. Finally – as noted in chapter 7 – people who display symptoms more severe than simple emotional trouble, people who are socially withdrawn or overly ruminative, often undertake shamanship, which is viewed as a respected vocation. For all these reasons, it is doubtful that Akha consciously express symptoms in a somatic way in order to avoid stigmatization.

In sum, I found that the most common anthropological characterisation of somatization as ‘presenting’ seems to not have purchase with respect to the Akha case.

This is not to say that there might not be a reason behind Akha people presenting their symptoms in a somatic way. If I were to look for a reason, I would choose to look at the *general* way in which they express emotions, not only in the context of illness, but in ordinary life. I would point out that Akha emotional discourse generally lacks the emphasis on internal states of mind that would facilitate the psychologization of medical conditions (Tooker, 2019, has made the argument that this stems from a deeply entrenched attitude to seeing ‘interiorization’ as dangerous, because paying attention to the bounded individual breaks a person’s connection to other beings in the cosmos). So, if I were to characterise somatization in my field-site, I would say that it falls very much in line with the Akha way of expressing emotions *in general* and does not belie a deeper strategic reason. At this point, though, it would be hard to conceive this somatization as ‘presenting’, as there is no presenting strategy behind it. In fact, it would be much closer to a ‘functional’ somatization.



I would also add that the possibility of a widespread manifestation of ‘functional’ somatization should not be discounted given new evidence from placebo science. Epidemiological studies and various kinds of experiments (reviewed in chapter 1) have revealed the ubiquity of nocebo effects (which would fall within the ‘functional’ somatization domain) and the ways these can be produced and transmitted socially. It is perhaps because of the influence of biomedical assumptions about the causes of illness, which are challenged by the proof of nocebo effects, that anthropologists have rarely theorized or acknowledged ‘functional somatization’.

In sum, throughout my fieldwork research I have almost entirely dealt with cases of somatically experienced symptoms, some of which might have been functional. I will now turn to how Akha explain the causes of these functional, physically experienced symptoms. I will turn, that is, to their aetiology.

### **Akha aetiology**

At various points in this dissertation, I have discussed a variety of ways in which Akha explain illness and healing. In what follows I shall do so more systematically. There might be some repetition with the material discussed above; this is not an accident, but a way to develop my final argument.

Akha distinguish two major classes of illness causality, a distinction that following the emic point of view I have also reproduced in this dissertation. Natural causes (covered in chapter 3) are treated by the ‘naturalistic medical system’, with herbs, spells, and modern medicine (these fall within the broad category of ‘medicine’: *yavghaq*). By contrast, spirit afflictions are treated by the ‘personalistic healing system’, with a gamut of rituals (covered in chapters 4 to 7). The choice of treatment is always linked to the presumed cause of the illness.

Every adult Akha I questioned firmly maintained that where medicines are effective, rituals are not and, vice versa, that when spirits afflict there is nothing that medicine (whether Akha or foreign) can do. And while much effort goes into diagnosing which spirit is afflicting in order to know how to tackle it (externally to the sick person's body), diagnosis is largely unnecessary when treating the class of natural ailments that arise frequently as a result of living in an 'uneasy' environment: burns, cuts, fractures, animal bites and so forth. In such cases, the treatment addresses the specific bodily area that is affected, and no one would think of setting up a ritual to remedy an injury when the cause is self-evident. Rituals, in other words, are only performed when there is no clear physical cause and the illness is suspected to be spiritual.

A great illustration of this aetiological thinking comes from the case of Aqbawr ZaqDov, a man in his 60s who lived in a village close to MawPae. About twenty years ago, Aqbawr ZaqDov was gored by a water buffalo. The horn lacerated his thorax, leaving a long oblique scar across his chest. After the accident, the buffalo was put down because it was decided that its anomalous behaviour was probably caused by spirits, while Aqbawr ZaqDov remained bedridden with pain for a few weeks. During this period of convalescence, he was treated with sessions of spells, which were 'blown' by a relative, and with herbal medicine, so as to mend the wound and restore strength (i.e. naturalistic treatments). At the time, modern medicine was not yet available. No healing ritual sacrifice was performed. Although spirits might have caused the mishap, the pain itself was clearly the consequence of the goring. A few years after the episode, Aqbawr ZaqDov began to feel pain again in the area of the scar. It would come and go, he said; sometimes it was felt more acutely than others, but at some point, the pain really began to bother him, and he grew convinced that something was not quite right. This time, he did not ask to be treated with spells or herbs. Instead, he began to perform rituals (i.e. personalistic

treatments), because he intuited that spirits might have started to ‘gnaw’ on the old scar. When I met him, he told me that he had tried many types of rituals, and that over the years he had killed six pigs and dozens of chickens. Sometimes the rituals worked, and he would be pain-free for a long period of time, but the pain had hitherto always made a comeback.

The case reveals a connection between medicine and a clear injury, and between ritual and pain with an unclear cause. I should stress that this connection is readily made by people. For instance, I once asked an elderly man who was holding his hands on his painful knee whether he had asked someone to perform a spell on him, and his answer was that this was “not pain due to a fall” (“*ga nar maq nger*”). By saying this, he directly implied that spells were not appropriate; he would need instead to perform a ritual. However, he also asked for pharmaceuticals, since these are assumed to alleviate any natural (i.e. non-spiritual) component of the pain, even in the absence of an evident cause.

Mild and transient ailments, like coughs, colds and light fevers are also treated naturalistically. The verb ‘*nyawq-e*’, ‘to infect’, which explains contagion of these illnesses, is not employed with reference to spiritual forces, but only to natural ones. Several discussions on the subject revealed that Akha have a general understanding of contagion occurring through air, close contact, or sex in the case of sexually transmitted diseases. None of these diseases are treated ritually.<sup>95</sup>

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95 Knowledge about contagion through sex is more recent. Akha learnt about HIV from Lao doctors who came to the village to instruct them about its dangers, following a few cases in the area over the past decade (the term that Akha use for HIV, ‘*lo ei*’ is Lao-Thai). The understanding of how the disease propagates built upon an understanding of contagion that was already in place.

The list of conditions treated by medicine includes some other serious bodily diseases. I identified three: malaria (*mirhiq*), tuberculosis (*mawrhur*) and epilepsy (*mawrbawq*).<sup>96</sup> 'Being mad' (*yaw ur*) can be added to the list because for the Akha this is usually a disease of the brain that happens when the 'brain is defective' (*irnmvq maq meeq*). While malaria is no longer found in the area, people used to treat it with herbs and, in later times, with anti-malarial medication, but never with ritual. The same applies to tuberculosis. LawGanq's illness described in chapter 5 is a case in point. His family stopped performing healing rituals upon being told, at the hospital, that the cough and high fever were the symptoms of tuberculosis, a natural disease that can only be treated with medicine. Epilepsy is an interesting case as sometimes its manifestation bears semblance with some of the possible symptoms of the 'shamanic disease' explored in chapter 7. Yet, while the latter is the sign of a spiritual call that leads to eventual shamanship, the former arises independently of spiritual agency and is regarded as a natural disorder to be treated by way of spells and herbs.<sup>97</sup> Needless to say, spells, herbs and modern medicine do not heal the 'shamanic illness'. Like epilepsy, 'madness' is spiritually unrelated. Usually, symptoms such as delusions, visual or auditory hallucinations, or socially devious behaviours, are initially treated by way of ritual and are eventually labelled 'madness' if these spiritual means prove to be ineffective.

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96 I did not find additional indigenous terms in Paul Lewis' (1989) dictionary (which contains a very comprehensive list of Akha words gathered over four decades of missionary fieldwork).

97 It is still unclear to me how people tell the two apart in diagnosis given the apparent similarity of the symptoms and the fact that the same term – *pirjuqjuq* (seizures) – is used to describe both (I wish I had probed more deeply into this, though I never observed episodes of epilepsy or met epileptic subjects while in the field).

Akha have a general term for what I would translate as 'internal disease' (*nargawr*). When people describe it, gesturally, they place their half-clenched hand at the height of the stomach, in churning motion, to indicate that something troubling, an abnormal bodily mass, is lurking inside. Sometimes they say that this can be particularly 'heavy' (*nargawr yaw kan*). Like the other cases just mentioned, *nargawr*, though potentially exacerbated by spirits, is not something that can be cured by way of ritual alone. It can go away on its own accord, or by way of herbs and medicine. Indeed, Akha have become particularly aware and appreciative of the potential of modern medicine to cure 'internal diseases.'

Finally, when both rituals and medicine prove to be ineffective, Akha wistfully say that sometimes 'there is nothing one can do' (*'tiq jeiq maq ghae nya'*), and they might add that it is MqYaerMqSar (the creator) that wants it that way. With this expression, people do not mean that MqYaerMqSar caused the illness as a kind of purposeful act in the world such as punishment. It is, rather, a fatalistic statement about the general behaviour of things, very different in kind from attributions of illness to spirit affliction. Like other anthropologists who have reflected on the meaning of 'God's will' as an aetiological category (Feierman, 1981; Janzen, 1982:47,67-69; Green, 1999:42), I interpret this explanation as being essentially naturalistic.

All of the above shows that there is a class of conditions that Akha explain and treat naturalistically, and which they distinguish conceptually from illnesses of personalistic origin. Very often, when the cause of the condition is not self-evident, people acknowledge that there might be a plurality of causes behind symptoms: to various extents, symptoms can be the consequence of both spirits and natural forces, and therefore be treated with a combination of medicine and ritual. A telling illustration of this way of thinking transpired in the account of LawGanq's illness, when shaman Aqqiq MiqCuq

told him that she had “finished working on the spirits”, that he should go to hospital to get treated as spirits were not fully accountable for the sickness. When people are asked to explain what was effective in healing a certain disorder (admittedly, this is not something that they have reason to give much thought to), they often mention a combination of medicine and ritual: “Medicine helped a bit, customs helped a bit”. In giving rise to illness, natural and spiritual forces can build on one another, in feedback loops so to speak. So, Akha say that if one’s body is unhealthy, it becomes easier for spirits to afflict, or, to use a commonplace expression, to ‘gnaw’ (*dzaq*) on it (eating and hunting metaphors frequently suffuse descriptions of spirits attack). In sum, the account shows that Akha aetiology comprises two classes of illness causality – natural and spiritual – effective to various degrees, and often-times co-dependent in the rise and relief of symptoms.<sup>98</sup>

Crucially, I am not suggesting that Akha readily tell apart natural from spiritual pains on a case by case basis, or that they are able to diagnose the extent to which pain might be the result of one or the other. These are often indistinguishable at a phenomenological level, aside from cases of injury in which the cause is self-evident. When asked about the causes of a particular, especially chronic, condition they profess ignorance (*‘maq sir maq sir’*). The

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<sup>98</sup> Anthropologists who have taken a close look at aetiological thinking in a number of ‘traditional’ animistic societies have likewise found a similar dualism (e.g. Ngubane, 1977; Janzen and Prins, 1981:430; Ohnuki-Tierney, 1984; Green, 1999). In a survey of aetiologies across a number of African societies, Gillies (1976:389) showed that people tend to have ‘double therapy’: a set of remedies for curing the physiological side of illness and another set for treating the spiritual side. As far as I am aware, it is hard to find in the ethnographic record instances in which a spirit cures a natural disorder with no spiritual cause, at least among animistic societies. Ritual always tends to reverse spirit affliction (see also Vitebsky 1993 on this point). The notion of ‘miracle’, one in which a deity cures a natural illness with an unspecified cause, is virtually absent in these contexts.

inevitable uncertainty about the actual cause of illness lies at the root of the high level of medical pluralism and pragmatism, a phenomenon that medical anthropologists have never failed to notice in non-Western contexts.<sup>99</sup> When in need, people try out all sorts of remedies based on available knowledge and resources, even if this implies shuffling across wildly different healing systems. Akha are no different in this respect. Among the sick individuals I followed, there was also a high level of variation in therapeutic itineraries. People who were doggedly on the quest of finding the right spiritual source of their affliction would insist on performing ritual after ritual, literally decimating their pigs and chickens. Others were more open to natural (especially biomedical) treatment and favoured a combination of the two (recall how Aqbawr ZaqDov asked me for painkillers after organizing a ritual: they seemed to work for a bit, then the pain quickly relapsed). But such variation and pragmatism, which in medical anthropology have often been interpreted as proof that systems of medical ideas are never coherent (see a well-known essay by Murray Last, 1981) is actually the outcome of a coherent aetiology. Akha try all sorts of treatments because they cannot know whether the pain is caused by *nargawr* (internal disease) or spirits, or to what extent it is caused by one or the other.

A further aspect to consider is that every diagnosis is not a neutral reckoning of causes, but has (sometimes very significant) effects on the experience of illness (Kirmayer et al 1994). A fever that an individual experiences as part of an epidemic that affects other people in the community is quickly naturalized: worrisome thoughts do not arise and the fever is treated by way of medicine, if at all. However, the same sensation of fever that, say,

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99 As Frankel and Lewis write with reference to Papua New Guinea, "We may be led to think that pluralism is what is curious. On the contrary, experience shows it is the rule" (Frankel and Lewis, 1989:33).

arises only in one individual following some ominous event (an uncanny happenstance, a breach of customs) carries an altogether different meaning. Spiritual affliction might be suddenly invoked as the cause and the sick person might begin to arrange sacrificial rituals. This is an interpretation of the cause of illness which itself—in light of placebo science—is likely to shift the subject's self-perceived position in the world and amplify symptoms, which the ritual that is subsequently set up will placate. The construct of spirits, in sum, can act as explanation and as cause of symptoms simultaneously (see also Hahn and Kleinman 1983). In this sense, aetiology has a strongly performative character.

I noted in the previous chapter that while Akha have (by their own account) little knowledge of natural 'internal disease' and its causes, they have plenty of knowledge about spiritual agents. Suspicion of spiritual illness sets off a whole different level of diagnostic thinking. Since healing sacrifices are thought to work only if they are addressed at the right spiritual cause, in the proper way, the first crucial step in the healing process is getting the diagnosis right. The cases of illness described in the previous three chapters have shown that, to identify the afflicting spirit, Akha often rely on oracles or shamanic hand reading (the *nyirpaq car* itself is another divinatory act, but one that is coterminous with ritual treatment). In most cases, people rely on their own thinking (*noeq-e*). I persistently tried to probe into the kind of causal reasoning used when determining affliction, pelting my friends with questions, more than on any other topic, on why they would hold one ritual rather than another, and why they thought the illness was caused by that one specific spirit they were going to propitiate. In a few instances the reasoning was clear and linear: someone, say, would remember farming close to a termite hill; if they fell ill shortly afterwards, they immediately knew that they had to sacrifice a dog and a white chicken to the *yarmir* spirit inhabiting the termite hill, which, as per the widespread aetiological theory, is easily disturbed when pieces of wood or



leaves fall on it. But these sorts of explanations were the exception. To my initial chagrin, my interlocutors were extremely reluctant to reveal the reasoning behind their decisions. When I asked directly why they decided to perform a particular ritual, all I would usually get was that their decision came from ‘thinking’ (*noeqnoeq*), or, more often, ‘thinking from within the heart’ (*neema lavqkhoer noeqnoeq*). Some claimed to be particularly good at this.

While ‘*noeqnoeq*’ is translated into English as ‘to think’ (Lewis, 1989), the term does not reflect a logical and conscious sequence of thoughts which is usually its English acceptance. The Akha expression ‘*noeq*’ leans more towards a state of preoccupied pensiveness, in which the person is trying to figure out, without much evidence at hand, the reason for some mishap; for example, if you stop speaking to someone without obvious reasons, the other person is left ‘thinking’ - *noeqnoeq* - why you would be acting like that.<sup>100</sup>

There are a few reasons why people rarely verbalize the thinking process that goes on while trying to guess the identity of an afflicting spirit. One is that talk of spirits, particularly when it is about specific spirits, is shrouded in ominousness: as I have already mentioned, mentioning spirits out loud will likely trigger their appearance. This is especially the case with respect to spirits’ proper names, which only a shaman feels safe to whisper. Another reason lies in the uncertainty about the exact spiritual cause of illness, which militates against confident statements. Yet another reason might lie in the fact that,

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100 The verb ‘*noeq*’ is also used much less frequently than the verb ‘to think’ is in English. In its stead, the Akha language has evidential final particles, which vary depending on what kind of evidence the speaker uses in making her statement. So, for instance, a sentence such as “I think that PirMeeq is at home” could be translated as *PirMeeq irkanr jawr nya* if the speaker has felt with her senses (i.e. by hearing) that PirMeeq might be home; *PirMeeq irkanq jawr mir-a* if the speaker had the feeling (without evidence) that PirMeeq could be at home; *PirMeeq irkanq jawr dur* if prior knowledge makes him suspect that PirMeeq is at home, etc.

despite being generally haloed in ominousness, spirits are not *always* taken seriously. Doubts and scepticism are widespread, to the point that being overly preoccupied with imputing the source of an illness to a spirit can be perceived as risible, hence the reticence. But I believe that there is something more profound at the root of the ineffable quality of diagnostic thinking. Saying that ‘thinking’ comes from ‘within the heart’ indicates that phenomenologically this kind of thinking is above all a matter of gut (or heart) feeling, inkling, subconscious hunch, presentiment... emotional states that are, by their own very nature, resistant to verbalization. The phenomenon is probably best captured by the term ‘intuition’, whose etymological root from the Latin *in-tuiri* likewise means ‘looking, regarding, or knowing from within’.

The accuracy of one’s intuition is validated by the healing ritual’s success. When the ritual works, it is said to be ‘matched’ (*tsaq*) to the afflicting cause and to what the spirit demands in terms of sacrificial matter. Since the Akha externalizing system implies a separation between physical symptom and afflicting cause, every ‘matching’ is specific to each individual. There is even a maxim that goes ‘*yawq ha tiq jei tsaq*’ (“one right thing for each”), which is often repeated in these contexts. The underlying ethos of this healing system is for each person to find their own path to health, a medical philosophy that acknowledges the idiosyncratic nature of healing.<sup>101</sup> It is an exemplar of personalised medicine.

Let me conclude this discussion of aetiology by returning to the broader distinction that Akha make between naturalistic and personalistic causes. There is a further important feature that distinguishes the two. While naturalistic causes (and remedies) are thought to apply to (and potentially work on) every

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<sup>101</sup> In this sense, Akha medical philosophy differs starkly from that of biomedicine, in which the significance of ‘chance’ has been ironed out by the rise of statistics and probability (Hacking, 1975; 1990).

human being regardless of culture, one's susceptibility to spirit affliction and healing ritual depends on context and acculturation. Spirits are not thought by Akha to exist independently of the knowledge of, and supposed allegiance to, Akha customs. Ignorance of the spirit-world very often implies immunity from spirits, while knowing about them goes hand in hand with the possibility of being affected by them (as we saw in chapter 7). The allegiance to Akha customs in particular is a precondition for being spiritually affected. As an old ill lady once wistfully said to me in the early months of fieldwork: "son, you don't get sick because you don't carry customs!" In sum, spirits afflict if one thinks about them or adheres to spiritual rules. This is an important dimension of the structure of the social imagination among the Akha, which will become central in the conclusion of this thesis.

## **Convergence**

I will now consider Akha aetiology discussed so far from the perspective of placebo science, whose findings and theories I have discussed in chapter 1. One of the central suggestions of this chapter will be that Akha aetiology parallels, in some important respects, with the aetiological picture of somatic symptoms that comes out of placebo science. What will emerge, in sum, is that Akha and placebo scientists talk about the causes of the rise and relief of symptoms in similar ways, with the crucial difference that where placebo scientists invoke psychological forces, Akha invoke spiritual forces.

The statement that ritual can only work on spirit affliction, but not on naturally-caused illness or ailments, mirrors the finding that placebos are only effective on the component of symptoms that is uncoupled from physiological disruption. As I discussed in chapter 1, a solid body of evidence and theory (particularly the 'Bayesian brain' theory) suggests that placebos effects do not

alter underlying pathophysiology but only affect symptoms that have been themselves ultimately caused by nocebic forces. Conversely, the Akha statement that medicine (herbs, spells, modern medicine) does nothing to counter spiritual affliction speaks to the fact that the active principle of medication, on its own, without the accompanying ritual, is largely ineffective against psychogenic symptoms. In short, Akha aetiology, like placebo science, recognizes two major classes of illness and healing causality.

In addition, the interplay and co-dependency between natural and psychogenic symptoms are acknowledged in similar ways. The idea that symptoms can be caused both by natural factors and spirits, and that they can be alleviated by a combination of medicine and ritual, runs parallel to the finding that symptoms are the product, to various degrees, of nociceptive (somatic) input and contextual (mental) factors. The idea that “if one’s body is unhealthy it’s easier for spirits to afflict” is also aligned with the finding that an individual affected by (especially long-term) organic disorders becomes more vulnerable and receptive to negative contextual influences, which, in turn, exacerbate symptoms.

There is also convergence in the narrower domain of ‘shamanic illness’ with regards to the distinction made by the Akha between the symptoms of psychiatric conditions (madness, epilepsy) and the symptoms of a spiritual call, despite the fact that these symptoms are outwardly similar. As pointed out in chapter 7, the psychological literature on shamanism by and large agrees that shamanic phenomenology is “clearly distinct from schizophrenic states” as well as from epilepsy (Walsh 2001 in Rock and Krippner, 2011:23). And, as Hageman et al (2010) perceptively note, the fact that there might be semblances at the neurobiological level between shamanic states and mental disorders does not necessarily signify an identity because “the same experience can have different aetiologies” (Hageman et al 2010:87; see also Winkelman, 2010:127ff).

There is also a correspondence between placebo studies and Akha ideas in relation to healing responsiveness. Chapter 1 reviewed some findings showing that placebo responsiveness can be highly unpredictable, occurring, as scientists say, when there is a ‘match’ between genetic factors, mental dispositions and environmental contingencies (Darragh et al. 2015). Similarly, in talking about the conditions for responsiveness, Akha speak of a ‘match’ (*tsaq-e*), one between ritual and spiritual source. As I pointed out above with reference to ‘intuition’, Akha recognize the idiosyncratic nature of healing. They also recognize, through the idiom of ‘knowing from within the heart’, the significance of subconscious ‘gut feelings’, which are similarly recognized by placebo science as important interoceptive determinants of placebo effects (Jensen et al 2012; Vachon-Preseu et al, 2018).

Finally, the idea that spirits do not have an independent existence but affect people depending on their relation to them speaks to findings about the effectiveness of open-label placebo: by being told that the treatment is a placebo, patients are similarly aware that the effect is not independent of their minds, and yet respond to it. This is something that I will explore in more depth in the conclusion.

AKHA AETIOLOGY	PLACEBO SCIENCE AETIOLOGY
<ul style="list-style-type: none"> <li>• Dualistic: bodily and personalistic causes</li> <li>• Symptoms, to various degrees, are partly caused by bodily dysfunction, partly by spirit affliction</li> </ul>	<ul style="list-style-type: none"> <li>• Dualistic: bodily and psychogenic causes</li> <li>• Symptoms, to various degrees, are partly caused by bodily dysfunction, partly by psychogenic factors</li> </ul>

<ul style="list-style-type: none"> <li>• Ritual only heals spirit affliction, not bodily disease</li> <li>• Medicine only cures bodily disease, not spirit affliction</li> <li>• When the body is unhealthy, spirits afflict more easily</li> <li>• Distinction between 'brain disorder' and shamanic call</li> <li>• Ritual works when there is a 'match' between ritual and spirit</li> <li>• Awareness that spirits' existence depends on ethnic identity and knowledge about them does not neutralize their efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• Ritual only heals psychogenic illness, not bodily/organic disease</li> <li>• Medicine only cures bodily disease, not psychogenic illness</li> <li>• When the body is unhealthy, psychogenic illness arises more easily</li> <li>• Distinction between neurological disorder and shamanic state of consciousness</li> <li>• Ritual works when there is a 'match' between mental dispositions and environmental contingencies</li> <li>• Awareness of open-label placebos does not neutralize their efficacy</li> </ul>
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In sum, the duality between natural and personalistic causes in Akha aetiology maps remarkably well onto the duality between 'somatic' and 'psychogenic' causes. Akha are aware that bodily phenomena are only loosely coupled with symptomatic experience, and to the extent that symptoms are found to be uncoupled from bodily cause, they invoke spirits as the cause and rely on rituals for treatment. Replace the category of 'spirits' with the whole sweep of mental factors used to explain psychogenic symptoms and relief (the effects of 'beliefs', 'expectations', 'emotional arousal', 'symbols', and so on) and

it turns out that Akha have a pretty realistic view of the reach and scope of what we call 'nocebo' and 'placebo' effects, and a realistic view about the limits of 'medicine'. In other words, Akha aetiology captures something right about the causal dynamics implicated in the rise and relief of symptoms.

Recognising that this so is my contribution to the 'rationality debate'. For I have shown that so-called 'supernatural explanations' are neither mistaken (as the intellectualist would have it) nor devoid of epistemic value (as many symbolists would have it), but have an important role to play in explaining the structure of illness experience. The idiom of spirits allows the Akha to talk about, give a name to, and articulate, social forces that, as humans, they are inevitably steeped in.

What I will show below is that explanations that appeal to forces beyond one's mind have also important implications for navigating the experience of illness.

### **The effects of aetiology on illness experience**

How does an aetiology based on spiritual explanations affect the experience of illness and healing? To answer this question, it is useful to draw a comparison with the experiences of patients with functional disorders that are explained in psychological (rather than personalistic) terms. What difference does it make, from a sick person's point of view, to be immersed in a therapeutic culture that employs psychologising or personalistic (e.g. spiritualistic) idiom? My point of reference for this comparison will be patients with functional disorders treated in Western biomedical settings. As many researchers have noted, these disorders often fall off the diagnostic radar because, as soon as a physiological dysfunction is found or thought likely, they are explained only in somatic terms, even if a great part of the symptoms might be of non-somatic

origin (e.g. Van den Bergh, 2017). It is only when it becomes clear, usually after a period of time, that the cause of a certain persistent condition is inescapably psychogenic that this condition is treated as a disorder of the mind. Such disorders – I am referring specifically to physically experienced disorders with no physiological cause (not to mental illness in general) – have proven to be very hard to manage by the biomedical profession (O’Sullivan, 2016). What I am particularly interested in exploring are the problems that arise in such patients when their condition is explained by way of psychological idioms.

Ethnographic research in Western hospital settings has shown that the diagnosis of psychogenic pain comes with the burden of stigma and exasperation in a way that organic pain does not. At root, this stigma has to do with deeply ingrained cultural assumptions about the mind, particularly what many believe is a facet of Cartesian mind/body dualism (Corbett, 1986; Rhodes et al, 1999; Lurhmann, 2000; Jackson, 2005; Miresco and Kirmayer, 2006; De Ruddere et al, 2016; Arnaudo, 2017; Goldberg, 2017). The dichotomy of body and mind goes hand in hand with the dichotomy of involuntary and intentional, of impersonal accident and wilful moral action, “contrasting poles of human experience”, as Kirmayer writes, “that are central to both the private sense of self and the public concept of the person” (1988:57). Within this framework, pain is legitimated only by the physical concreteness of the lesion. When lesions are nowhere to be found, pain stops being a symptom and becomes a disease in its own right – a disease of the mind, for which, following the understanding of ‘mind’ as the seat of agency, will and morals, the patient is ultimately responsible. At a larger societal level, the stigmatization of psychogenic pain is arguably an outcome of this deeply entrenched dualism.

In recent years, a number of qualitative studies have brought to light the experiences of patients with a diagnosis of psychogenic symptoms (Corbett, 1986; Stone et al, 2002; Jackson, 2005; Kennedy, 2012:192-213; De Ruddere et al,



2016; O'Sullivan, 2016). These tend to be peregrinations through the Western hospital system that lead patients to no satisfactory understanding of what the ultimate cause of their condition is. Hearing that their physical disability has a psychological cause, that it might be 'all in the head', typically creates a feeling that they are being accused of something; they are being told that they are lying, faking or imagining their symptoms. It "adds insult to injury", as Corbett (1986:1) put it. Insofar as their disorder comes to stand for a moral weakness, patients not only feel alienated from individual physicians, but from an important dimension of the symbolic world of medicine. They see their condition as one of their own making, about which *they* are to blame. True, technologies like fMRI have demonstrated that in some conditions (e.g. phantom limb pain) something in the brain is malfunctioning and this visual proof has convinced physicians that these conditions are not 'feigned'. But this imaging evidence is not always found, and, in any case, it is not easy for a patient to understand (see Raz and Thibault, 2019). Indeed, numerous studies have demonstrated that the biomedical concept of brain disease, though becoming popular over the last two decades, does not lead to destigmatization; instead, it tends to induce pessimism about recovery (Kvaale et al 2013; Larkings and Brown 2018). This is because most patients with psychogenic illness wish their pain to be of 'real', bodily nature (Jackson, 2005). As a poignant example, O'Sullivan (2016) recounts the medical odyssey of Camilla, a woman in her mid-30s who began to suffer from unexpected bouts of violent seizures. Fearing that she had a brain tumour, doctors sent her for a scan, only to find, disconcertingly, that there was nothing wrong with it. Camilla said: "For six days I believed absolutely that I had a brain tumour. I was so relieved when we got the scan result. And now... I wish it had been a tumour" (2016:266). What patients with psychogenic symptoms ultimately crave for is a satisfactory explanation for their condition. An aetiology based

on psychological idioms generally fails to deliver it, leaving them in a state of semantic void. More specifically, by situating the source of the problem inside the patient's mind, explanations for bodily disorders that appeal to intrapsychic idioms such as 'belief', 'expectancy', 'suggestion', etc. have an isolating effect on the patient. They cut off, in their very framing, the patient from their world (see also De Vos, 2010).

A symmetrical situation occurs in healing. Just as the diagnosis of psychogenic pain is confusing, so is revealing to a healed patient that the treatment had no active principle, that it was fake, and that recovery was 'all in the mind'. Being told that one's pined return to health (especially through a treatment they placed so much faith in) was due to the 'placebo effect' is similarly insulting. The very concept of 'placebo effect' carries derogatory overtones precisely for these reasons.

In comparing the experience of patients with functional symptoms treated in biomedical settings with that of Akha sufferers, I am not suggesting that Akha treatments are more effective. As I made clear in the introduction, I did not have the means to test their efficacy. What I am suggesting is that the experience of dilemma, frustration and stigmatization that plague patients diagnosed with psychogenic disorders in biomedical settings is absent (or at least far less prevalent) among the Akha, and that this is because Akha adopt personalistic explanations rather than psychological ones.

First of all, it is important to point out that, among the Akha, as soon as physiological causes of the disorder are ruled out, a switch in therapeutic strategies takes place: people turn to personalistic treatments, and find a rich pool of healing resources at their disposal (the case of Aqbawr ZaqDov is a case in point). As we saw, with this move, they enter an externalizing healing system which, by its very nature, avoids welding illness to the sick person, and by

casting the causes of the illness onto the environment, this system pre-empts the dilemmas engendered by mentalistic explanations. In addition, the specific form that Akha externalism takes – not just that there are afflicting spirits but that something needs to be done about them – means that the Akha therapeutic process sets off an instant broadening of relationships around the sick person (in contrast to the isolating effects of psychological explanations). As discussed in chapter 8 (see also Appendix G), these are largely kinship relationships, with family members becoming central to the recovery process as they dispense care and counsel (in contrast to what happens in a biomedical context, in which non-experts are typically marginalised). What's more, Akha divination opens up a social universe of invisible spirits, which is pregnant with possibilities of interaction, a universe that is presupposed by the very divinatory framing. The process of divination (discussed in Chapter 5) is risky, playful, and creative. It stimulates perspective-taking and widens the scope of inter-subjective interaction, eventually leading to communication with spirits through ritual. The expansion of the social field in response to illness is felt even more in the transformative journeys of shamans, people I have described as 'socially augmented'.

The fact that the Akha system relies on the empowering force of relationships is all the more significant when we take into account the phenomenological nature of pain, pictured poignantly by Elaine Scarry as a human experience which, more than any other, is marked by un-shareability and 'resistance to language' (Scarry, 1985:5). The resourcefulness of the Akha personalistic healing system lies precisely in pulling the sick person out of her solitude and in providing her multiple channels of communication. Instead of the semantic void experienced by the biomedical patient suffering from 'functional disorders', the Akha therapeutic environment affords the sick person a proliferation of meaning in the form of social interaction. If there is a

discernible structural difference between therapeutic cultures that use psychological and personalistic idioms it is this: while the first isolates the patient and strengthens relations among the healers who have exclusive expertise over the illness, the second isolates the healers and strengthens the relationships around the patient.

## Conclusion

Let me return to where this all started: Lévi-Strauss' essay on 'the effectiveness of symbols'. Reviewing this essay in light of the Akha material is the best way to summarize my main arguments. In the thesis, I have presented ethnographic material which, I believe, challenges two main aspects of Lévi-Strauss' important and seminal work. The first challenge has to do with the structure of shamanic performances. Using the Cuna material to make a general argument about healing efficacy, Lévi-Strauss argued that shamanism is similar to psychoanalysis insofar as both are structured in a way that manipulates the sick person's consciousness and produces a healing response. According to him and to scholars who expanded on his model (e.g. Dow, 1986a; 1986b), inter-personal engagement is thus central to efficacy. The Akha system of therapeutic rituals offers an ethnographic counterpoint to this universalistic assumption: to begin with, healing sacrifices lack the figure of the healer and shamans, throughout their nocturnal performance, do not engage much with the sick person. With their mismatch between potential and effective meaning (McCreery, 1979) (the sick person is usually absent from the performance or does not fully understand its meaning), Akha rituals also challenge a widespread functionalist interpretation of healing rituals embedded in Lévi-Strauss' account and later theories. Less revealing of cross-cultural similarities (with psychoanalysis, for example), my research among the Akha points to marked differences in underlying ideas of health and healing. This, in turn, leads to my second point, which has to do with mechanism and aetiology.

Lévi-Strauss speculated that the symbolic manipulations enacted by the shaman have a direct effect on this dysfunction. As he states, "the song constitutes a *psychological manipulation* of the sick organ, and it is precisely from

this manipulation that a cure is expected” (Lévi-Strauss, 1963a:321, original emphasis); “the representations evoked by the shaman bring about a modification in the organic functions of the woman in childbirth” (1963a:200). These speculations, while already doubtful at the time (see Neu, 1975), are currently disputed by findings in placebo science and recent neurocognitive theories of symptom perception, such as predictive processing. In his model, Lévi-Strauss did not articulate how ‘mind’ and ‘body’ relate to one another; his account only suggested that the healing effect was the product of a ‘mental state’ that is transduced, in the brain, into a ‘bodily state’. Yet, as the evidence and theories reviewed in chapter 1 suggests, mind-body dualism is only tenable if framed in causal terms; that is, not as a distinction between ‘mind’ and ‘body’ with a presumed link between the two, but as a distinction between psychogenic and somatic causes to experience (i.e. between ‘downward’ and ‘upward’ causation to experience). Evidence persuasively suggests that the healing context can be effective on the components of symptoms that are ultimately psychogenic, but not on those that are primarily caused by physiological disruption. It is implausible, in short, that the Cuna shamanic incantation could have eased the woman’s childbirth if the problem had somatic causes. It is likely that it helped the parturient woman by affecting her psychogenic symptoms.<sup>102</sup>

Leaving Lévi-Strauss to one side and moving on to the domain of aetiology, I further suggested that Akha show an understanding of the causal dynamics implicated in symptom perception which parallels, in significant ways, the understanding that is borne out of placebo science. I have argued that through their distinctions between natural illness/medicine and spirit

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<sup>102</sup> There are indeed studies showing that psychogenic factors like fear and anxiety lead to complications in childbirth (Haines et al 2012).

affliction/ritual – which maps onto their naturalistic and personalistic systems respectively – Akha have a realistic view of the scope and limits of ‘medicine’ and of what we call ‘placebo effects’. Through their emphasis on the idiosyncratic nature of healing and their awareness that spirits can heal or afflict regardless of not having an independent existence, Akha also appear to grasp some central qualities that have been discovered about ‘placebo effects’: that they are produced by a ‘match’ between mental dispositions and environmental contingencies, and that they can be elicited even when patients are aware of receiving placebos. The key difference is that where placebo scientists employ psychological idioms when talking about these effects, Akha use the idiom of spirits.

This, I have suggested, is a significant difference, for it has important variable effect on illness experience. By externalising the affliction, personalistic idioms that refer to entities such as spirits pre-empt the kind of dilemma that arises in (mostly Western) patients whose bodily disorder is explained through the ‘mind’ – an experience that I termed ‘semantic void’ to indicate the absence of the kind of language that the Akha have and which instils meaning into the experience of illness. So-called ‘functional disorders’ or ‘medically unexplained symptoms’ are, in and of themselves, difficult to manage by both physicians and patients, but their manifestation is compounded by the aetiological framework in which they operate. Psychologising idioms, as Corbett put it, “add insult to injury” (1986:1). The reason these explanations are problematic for patients has to do with the popular and negatively valued notion of the ‘imagination’, a notion that, in the face of the celebrated rise of naturalism since the Enlightenment, is perceived as an insubstantial fancy, a projection of things that don’t really exist. The ‘problem of ritual efficacy’ and all the conceptual and ethical issues surrounding the ‘placebo effect’ ultimately stem from such a belittling of the ‘imagination’.

Still, the problem remains. It is difficult to find alternatives to psychologising talk when explaining and describing these disorders. It is difficult because any alternative metaphors or concepts that could be employed to explain these conditions are seen as forsaking the naturalism that underpins biomedicine's incontrovertible success. This view lies at the basis of the modern biomedical scepticism (sometimes verging on hostility) towards Complementary and Alternative Medicine (CAM). It also lies at the basis of the intellectualist view (now unpopular in anthropology, but widespread outside the discipline) that people like the Akha believe in spirits because they have yet to encounter naturalistic knowledge and lack the empirical means to question their beliefs. It is a view that is premised upon the assumption that rituals – actions that are considered to reflect spiritual belief – are incompatible with a naturalistic worldview, and that empirical knowledge about the reality of the world would rob rituals of their efficacy.

While open-label placebo studies have already empirically challenged this assumption, in the next and final section I will further argue that such assumption is based on a narrow understanding of the potentiality of the imagination in general and of ritual specifically.

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In what follows, I shall elaborate on an argument made by Deborah Tooker about the nature of 'belief' among the Akha, which struck her as being fundamentally different from the Western, especially Christian, conception. Working in Thailand in the early 1980s, Tooker (1992) observed that Akha do not seem to care very much about whether spirits ultimately exist or not; they relate to their customs in terms of 'practice' rather than 'belief'. Contrary to



what other ethnographers have said in the past (Telford, 1937:45; Lewis, 1970b:39), Akha don't 'believe' in spirits. Though there is an Akha word for 'belief' (*jan*), normally used to describe whether one believes what someone said (i.e. whether or not someone is lying), this word is not used to express one's relationship to spiritual practices. As I also noted in chapter 2, Akha ancestral customs are *carried* (*tawq*), a verb that is normally used with reference to the numerous kinds of loads that people handle in everyday life. As they carry wood, children, food, rice, water, baskets and coffins, by extension Akha also see themselves as carrying the overall burden of customs. Tooker's main point is that, unlike in Christian contexts, the relationship to spiritual practices is expressed in an *exteriorizing* idiom – 'to carry' – which indicates an action, rather than an *interiorizing* one, such as 'believe', which indicates a propositional mental state with truth value. As far as customs are concerned, "for the Akha, truth and falsehood are not an issue" (Tooker, 1992:805). What matters is the correctness of one's practices and actions. The emphasis on orthopraxis rather than orthodoxy leaves room for individual speculation about the nature of the cosmos. Indeed, among the Akha one finds widespread doubt about the existence of spirits.<sup>103</sup>

Having found the same phenomenon in my field site, let me corroborate Tooker's point by mentioning a conversation I had with an elderly couple following MirDoq's death (briefly described in chapter 2). The event spread fear among the villagers during the seven days in which MirDoq was kept in the house until burial. People, especially in the early days of the funeral, dashed

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103 Tooker's argument built on, and has been followed by, a large anthropological literature that challenges the notion of spiritual belief as a propositional mental state. I do not feel the need to review this literature because I think that the Akha material provides one of the best ethnographic cases in its support.

about, anxious about the proceedings in an obvious state of concern, for MirDoq's soul would be smoothly sent off to the spirit-world only if things were done correctly, following the proper ancestral custom. Apprehension was in the air. On my part, I was not allowed to take photos or videos of the ceremony, as these could have upset MirDoq's soul. Some elders even objected to my presence, fearing that I could make some gawky misstep and trigger a cosmological disaster (this was my first funeral).<sup>104</sup>

On each day of the funeral, in the evening, after taking plenty of notes about the rituals, I would visit grandfather AqDoq and grandmother GawqXm (relatives of my family) in order to ask clarifications about what had been done on the day, from, say, the temporal sequence of certain rituals acts to the minute details of coffin carving. On the seventh day, with MirDoq finally buried, I ventured for a more theological kind of question: "So, where is MirDoq's soul now?" "Well", grandmother GawqXm said, "she is on her way to reach the spirit-world; this will take three days. Then she will build a house in the spirit village and then..." Grandmother GawqXm couldn't finish the sentence as her husband barged in chuckling: "Aha! What a lie! Let me tell you what happens after death, son. When you die and get buried, the *ariq* [type of termite] start eating you up, first the flesh, then the bones, until nothing is left. That's it. There is nothing else to know. That's going to be the end of you. Of all of us!" His wife just stayed silent and put on a surrendering smile, almost as if entertaining the possibility that what her husband had just said might well be true.

This kind of sceptical attitude is commonplace. Usually, 'debates' among villagers on the actual existence of spirits unfold as a two-way exchange in which one person plays the believer and the other the sceptic. The first will

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104 Eventually I was allowed to witness, but only after being imparted a lengthy lecture about the rules to follow over the following seven days.

say: "Yes, spirits exist", to which the second retorts "no, they don't, how do you know?" before the first insists again "yes, they do, they do!" At this point, the second will start giggling while the first, without saying anything back, giggles along, as if to say: who knows if spirits actually exist or not, how can we know anyway? People fret and debate vivaciously among each other over tiny details of ritual preparation, careful to follow the ancestors' instructions, while never arguing in the same way over the ontological status of the spiritual entities that are purportedly implicated in the ritual. The attention on the correctness of customs, as Tooker pointed out, outweighs a concern with ontological certainty.

Such inconsistencies of attitudes towards non-human persons have been noted in other ethnographic contexts, revealing that the way people think about non-human persons is markedly different to the way they think about elements of the natural world. Working among the Vezo of Madagascar, Astuti observed that, when asked about the nature of the ancestors, people generally state that these are dead people whose spirit lingers on and affect the living in a variety of ways. Ancestors manifest themselves in dreams and especially in ritual (Astuti and Bloch, 2014). Yet, Astuti managed to demonstrate (by way of psychological protocols that test individuals' inferential reasoning in different experimental contexts) that when thinking about them outside ritual situations people give responses that affirm the finality death; in these contexts they are quick to say that "when one's dead, one's dead". Such attitude, which Astuti found widespread, "points to the remarkable fragility in the existence of the ancestors" (2014:108). These two understandings coexist, and Vezo ordinary life oscillates between scepticism and engagement with the ancestors, without a feeling of contradiction. It is thus misleading to say that the Vezo 'believe' in ancestors, if by 'belief' is meant a propositional attitude towards the nature of reality, independent of the context or attitude of the believer.

Among the Akha, a further proof that non-human persons are not conceived as part of the natural world is given by the ethnic configuration of the place they live in. As I mentioned in chapter 2, Akha communities are surrounded by ‘kinds of people’ (*tsawrjeiq*) who entertain different spiritual practices. Akha villages in north-western Laos are interspersed with those of Lahu, Iu Mien, Hmong and Wa in the upland area, and with Lao, Khmuy, Tai Lue, Lanten and Han Chinese in the lowlands. Akha routinely hire Lahu men to work on their rice fields and trade with the Chinese and with the Lao. They frequently visit Lahu villages and Lao lowland towns, where Lanten and Tai Lue also live, and, conversely, receive Lao and Khmu people (mostly teachers and government officials) in their own villages. Akha women often marry out to the Chinese and, albeit more rarely, to the Lao. What other ethnic groups do, how they think, how to deal with them, are some of the most common and enjoyed topics of conversation among Akha, proving that they are well aware of differences in ethnicity, customs and, also, spiritual practices. Yet, this competition of worldviews and contrariety in ‘beliefs’ leaves unscathed the Akha commitment to their own, suggesting that spirits are not conceived to have an existence that is independent of the ‘kind of person’ one is, particularly in terms of ethnic affiliation.

Consider the ‘four corners’ of the Akha village – the gates, the water well, the swing, and the burial ground – which are built in the year the village is founded and (with the exception of the burial ground) ritually renewed on a yearly basis in occasion of calendrical festivities. The rites that accompany their yearly renewal consist of several animal sacrifices to each of their spirit-owner, in an explicit appeal for blessing and protection from outside forces, even though, as discussed in chapter 5, these spirit-owners are far from being entirely benevolent. And yet, none of these spirits, which underpin the cosmological and material foundations of every Akha village and house, are

present among neighbouring ethnic groups that are well known to the Akha. We can thus conclude that Akha must be aware that these forces do *not* have an existence independent of the people who are affected by them, but nonetheless fear them, revere them, and collectively participate in their renewal.



*Figure 25* The swing





*Figure 26* The holy water well



*Figure 27* The gates

The area of taboos exemplifies the same phenomenon. For instance, Akha are aware that they are the only ethnic group in the area to have the twin taboo. The Lahu don't have it; the Lao don't have it either (in fact, they have been adopting Akha twins in recent years). The Hmong, by contrast, "are especially happy about the birth of twins and regard it as an omen of good luck" (Bernatzik, 1970:76). In sum, Akha are aware, on some level, that the calamitous repercussion of twin birth and the effectiveness of the associated purification ritual are exclusive to themselves. Yet they hold on to the custom, finding no contradiction in doing so.

The cultural specificity of customs comes into view even more saliently when considering the phenomenon of 'identity-switching', for which highland Southeast Asia is anthropologically most famous (see Appendix B). People's widespread performative theory of identity ("one is as one does") allows, in theory at least, to change ethnic affiliation by moving out of an Akha village and adopting the spiritual practices of another group. Old ancestral customs and ancestors themselves can be discarded and new ones can be 'taken on' (*geeq-e*) and, with them, new spiritual forces and ritual effects.

All this shows that if Akha conceived of spirits as having an independent existence, they would have the empirical means to question them, and drop their 'beliefs'.<sup>105</sup> To explain why the Akha (along with the Vezo and many other

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105 Rivers, in a chapter titled 'Mind and medicine', maintained that as soon as people become aware that spirits do not have an 'independent existence' it will be natural to stop believing in them (2001[1924]:111-113). The Akha material challenges this assertion as well as a number of claims advanced by the intellectualist strand in social anthropology, which sought to draw parallels between native theories about spirits and scientific theories about the world. Quoting Evans-Pritchard's assertion that "*a Zande cannot get out of its meshes because it is the only world he knows*" (Evans-Pritchard in Horton, 1970:154, original emphasis), Horton writes: "What I take to be the key difference is a very simple one. It is that in traditional cultures there is no

people) stick to their customs and see no inherent contradiction in holding two seemingly incompatible views depending on context, we need to take one last look at what ritual actually does.

Whenever I asked my Akha interlocutors why they perform a certain ritual or why they perform it the way they do, they answered by saying that this is what customs require or the ancestors told them to do. This is a common experience shared by many ethnographers, which indicates that ritual is not an activity predicated on a set of ordinarily held beliefs. Rituals are kinds of action that, above all, are predicated on 'deference', the attribution of actions and words to tradition (Bloch, 2005; 2006). Critically, deference implies the decoupling of the participant from the reasons of the ritual and the beliefs implicated in it.

This decoupling, as Turner (1980) and Seligman et al (2008) so eloquently point out, is made possible by a 'subjunctive' mode of engagement with the world, a central attribute of the human imagination (as I mentioned in chapter 9). Rituals involve a temporally shared social world that is created *as if* it were real. In this sense, rituals are homologous to games. While there are obvious differences (games are more unpredictable, have a lower degree of symbolization, etc.), rituals, like games, are bounded domains of action that

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developed awareness of alternatives to the established body of theoretical tenets; whereas in scientifically oriented cultures, such an awareness is highly developed. It is this difference we refer to when we say that traditional cultures are 'closed' and scientifically oriented cultures are 'open'" (Horton, 1967:153). And, further: "[The] absence of any awareness of alternatives makes for an absolute acceptance of the established theoretical tenets, and removes any possibility of questioning them. In these circumstances, the established tenets invest the believer with a compelling force" (Horton, 1967:154). The case of the Akha, if considered a 'traditional culture', flatly refutes Horton's claim.



operate in a subjunctive *as if* orientation, bracketed from ordinary reality, but *not incompatible with it*. When one is engaged in a game, one cares about the stakes, and the ontological status of the elements in the game: whether they really exist or not is inconsequential (Graeber, 2013).

The subjunctive imagination is a defining trait of human nature: it distinguishes us from other primates and mammals (Deacon, 1997) and it is vital to child development (Harris, 2000). It is manifest in ritual, but it also lies at the basis of the creation of new social orders, which begins from the moment people imagine a different world than the one they live in and act *as if* this was their new social reality. But in some historical contexts – most eminently following the Protestant Reformation, the Enlightenment and the resulting entrenchment of an all-encompassing naturalism – the subjunctive mode of experience has come under attack by a strong cultural and institutional emphasis on ‘sincerity’ (Seligman et al 2008): an orientation towards the world that only admits the ‘*as is*’ vision of reality. This leads to the perception that ‘*as if*’ and ‘*as is*’ visions – which in most human societies exist side by side and complement each other – are fundamentally incompatible. The modern clash between science and religion represents the greatest example of this (e.g. Coyne, 2015). The dumbfoundedness provoked by the ‘placebo effect’ encapsulates, in the medical domain, the same kind of tension between reality and the imagination. In this conclusion, I have sought to show that this tension is not the inevitable consequence of holding a naturalistic view on the world: Akha are capable of holding a naturalistic view but, depending on context, they oscillate between naturalistic and personalistic perspectives. This self-conscious and non-contradictory shift is made possible through a subjunctive engagement with the world. In light of this, I would argue that what is needed to overcome the challenge posed by the notion of ‘placebo effect’ is less a

change in terminology or philosophical clarification than a social reawakening to the potential of ritual and the imagination.

## **Appendixes**

With the exception of Appendix A, which is a short essay on the 'placebo effect', Appendix G, which is a another short essay on 'mutual care', all the other appendixes (B to F) contain additional ethnographic material on the Akha that I hope will be useful to regional researchers.

## Appendix A:

### A refutation of Hróbjartsson and Gøtzsche's 'powerless placebo' claim

In 2001, medical researchers Hróbjartsson and Gøtzsche published a high-profile paper in the *New England Journal of Medicine* titled "Is the placebo powerless? An Analysis of Clinical Trials Comparing Placebo with No Treatment". The title was meant as an answer to another famous and widely quoted article published almost half a century earlier in the *Journal of the American Medical Association* by Henry Beecher, 'The Powerful Placebo' (1955). Beecher, an American army doctor and anaesthetist, was first intrigued by the placebo effect in the battlefields of World War II, where he found that wounded soldiers felt relief when treated with a harmless saline which they were told was a powerful painkiller. He returned to America convinced of the power of placebos and gathered around him at Harvard a team of colleagues to properly study the phenomenon. The paper 'The Powerful Placebo' was a meta-analysis of 15 placebo-controlled clinical trials for the treatment of a number of medical disorders. Defining positive outcomes as the percentage of patients satisfactorily relieved by placebo, Beecher found that an average of 35% of patients got better following the administration of inert treatments. Beecher's paper was foundational and pioneered placebo studies (Benedetti, 2016), but was marred by a crucial problem. None of the 15 trials he considered contained a comparison between placebo groups and natural history groups. It was then impossible to determine the extent to which the proven effects were due to the placebo or to spontaneous remission.

Whether or not what we call 'placebo effect' is mere spontaneous remission in disguise was precisely what Hróbjartsson and Gøtzsche decided to find out in their 2001 meta-analysis (later updated in 2004 and 2010 Hróbjartsson and

Gøtzsche, 2004; 2010)). They conducted a systematic review of 130 trials containing both 'placebo' and 'no treatment', where the 'type of placebo' could be either pharmacological (e.g. a tablet), physical (e.g. a manipulation) or psychological (e.g. a conversation). The trials considered a wide range of conditions, such as herpes, common cold, hypertension, infection, schizophrenia, smoking, obesity, Alzheimer's, marital discord, etc... Pooling the data together, they found that placebos had no significant effect over 'no treatment' for objective outcomes and only a small significant effect in some trials with subjective outcomes (mostly involving the treatment of pain) - a far cry from Beecher's original conclusion. The idea that the placebo was powerful, the editor of the issue wrote (Bailar, 2001), was more myth than science. The paper received huge media attention (Kolata, 2001; Okie, 2001; Goodman, 2001) and sparked controversy. Since then, the results have been trotted out by anyone whose economic or ideological interests collide with the existence of the placebo effect. The paper is one of the very few placebo studies mentioned in classic pharmacology textbooks like Rang and Dale's Pharmacology (Ritter et al 2017:99; 2019:114). Skeptics typically latch on to the paper's results to call the placebo a fraud, and to lambaste alternative medicines that capitalize on it. It is because the paper made such a great impact that I feel it is necessary to take a close look at it. After all, if its conclusion were correct, the present thesis would start from the wrong premises.

Like Beecher's paper, however, Hróbjartsson and Gøtzsche's is fraught with problems. It is still highly cited and is included in the Cochrane Library (a collection of meta-analyses that exercises large influence on healthcare decision-making), but it is not taken seriously by placebo researchers. There are multiple reasons. Firstly, the meta-analysis only included results from classical clinical trials, which are aimed at finding out the effectiveness of a drug or physical therapy, not from experiments aimed at investigating the placebo

effect per se. When comparisons between the two are made, placebo effects turn out to be higher in the latter because a purposefully created healing context harnesses placebo effects to a greater degree (Vase et al 2002; see also Kirsch and Rosadino 1993 on the difference in patients' expectations in experiments and clinical trials). The 2001 meta-analysis also did not include studies which potentially reveal the most dramatic instances of placebo effects, such as trials for surgical treatments in chronic conditions (Moerman, 2002b:135; Jonas et al, 2015), as well as the hundreds of psychological and neurobiological experiments that have solidly demonstrated the magnitude of the phenomenon across different disorders. Furthermore, as a number of critics quickly noted, the difference in effect between 'placebo groups' with 'no treatment' does not amount to the 'placebo effect'. Patients allocated to 'no treatment' are equally diagnosed; are sometimes involved in minor forms of therapy; and, when on a waitlist, fully expect treatment in the future (Einarson et al, 2001; Moerman, 2002b:25,136). It is highly likely that these patients experience placebo effects, making the comparison between the two groups unapt.

Perhaps the biggest problem with Hróbjartsson and Gøtzsche's meta-analysis had to do with their inclusion criteria, which were too broad to make the average effect meaningful. On the one hand, they lumped together disorders of disparate nature – some untreatable even by biomedicine (e.g. Alzheimer's) – with the expectation that placebos could be uniformly effective across the board. As Benedetti (2014:31) notes, it is as if we wanted to test the effectiveness of morphine across all kinds of conditions, including obesity and marital discord. Obviously, a pooled analysis would find that morphine has no effect. When other researchers re-analysed the original results, they noted that "when disorders are amenable to placebos and the design is adequate to detect the effects, the placebo effect is robust and approaches the treatment effect"

(Wampold et al 2005:835). On the other hand, their analysis included too a heterogeneous set of 'placebos', based on a very liberal understanding of the term (this, it turns out, is a general problem of clinical trials; see Webster et al 2019). For instance, 'relaxation' was classified as 'placebo' in some trials and as 'treatment' in others (Howick, 2017b). Given the wide range of treatments classified as 'placebo' – "an intervention labelled as such in the report of a clinical trial" (Hróbjartsson and Gøtzsche, 2001:1595) – it was thus impossible to determine the critical factors involved in healing responses (e.g. symbolism around the patient, the elements of doctor-patient interaction, etc.) (Di Nubile, 2001; Miller 2001; Benedetti, 2014:31). We know that 'placebos' are different; some work better than others on given conditions. A statistical average of the effects of so many different types of 'placebos' irons out the appreciation of the overall healing potential that comes from the therapeutic process (which is usually what is meant by 'placebo', at least among researchers, see Hardman 2019). Overall, the main flaw of their meta-analysis was to consider the effects of 'placebo' understood as a control procedure – a methodologically motivated understanding – to make a point about the effects of 'placebo' understood as an intervention with no physical properties – an ontologically motivated understanding (see also Turner, 2012; Blease and Annoni 2019; Hardman 2019 on this point). Classical clinical trials are no good for appreciating the magnitude and nuances of the latter; only purposefully designed, ethnographically informed experiments are (Hutchinson and Moerman, 2018).

There is yet another criticism of Hróbjartsson and Gøtzsche's study that, while not challenging the results per se, can be levelled at those who parade them as proof that the placebo effect is of little value in modern medicine. In their meta-analysis, Hróbjartsson and Gøtzsche were only interested in comparing 'placebo' with 'no treatment' and did not evaluate the difference in effects between 'active treatment' and 'placebo' groups. But Howick et al.

(2013), considering the exact same trials as the 2001 study but including 'active treatment' effects, found that the difference between 'active treatment' and 'placebo' was approximately the same as that between 'placebo' and 'no treatment', namely very small. In sum, if we start from the same conceptual premises as Hróbjartsson and Gøtzsche's, we would have to conclude that biomedical treatments are as powerless as placebos.

I have one final criticism of the way Hróbjartsson and Gøtzsche's study has been employed in debate, a criticism that arises directly from the present thesis. It is levelled at both skeptics and alternative medicine enthusiasts. In arguing against each other over the powerfulness of the 'placebo effect', both camps exclusively focus their attention on the self-contained context of cure. The illness is taken as 'given', so to speak, without considering the kind of process that may have caused it up to the point it is treated. This is especially the case for mind-body medicine advocates, who typically refer to the 'placebo effect' as a kind of built-in potential that can be unleashed knowing the appropriate ways (an 'inner pharmacy'). Both enthusiasts and skeptics adhere to a conception of the placebo effect that implies a unidirectional effect of the mind on the body. But as evidence suggests (Benedetti et al 2014), placebos seem to be effective only to the extent in which the illness is uncoupled from pathophysiology. In other words, placebo effects 'only' reverse symptoms that are due to nocebic causes, not symptoms caused by pathophysiology. If this is the case, however powerful or powerless, the 'placebo effect' does not point at an intriguing mind-body phenomenon, but one manifestation of the mind affected by the social field.



## Appendix B

### Akha genealogies

Akha genealogies can include up to 60 generations, spanning about 1500 years. Like among other non-literate Tibeto-Burman speaking ethnic groups, the memorization of genealogies is aided by the so-called 'genealogical patronymic linkage system' (Lo Ch'ang Pei, 1945), whereby the last syllable of the father forms the first syllable of the son or daughter's name (e.g. PanTseir – TseirLoq – LoqTsaq, etc.). Names are disyllabic but were trisyllabic in the past, until about 30 generations ago. Akha are a patrilineal, patrilocal society that places high cultural value in the continuity of the patrilineal line. Only male names are mentioned in one's genealogical tree. The name of a male ancestor, however, is counted only after his spouse is also dead, which reveals the importance of alliance in the reproduction of the line (Kammerer, 1998). The name of couples who give birth to 'human rejects' are written off the genealogies and are not counted.

Genealogies begin with SmrMirOr, the first human. Some people can also name a genealogy of spirits (*naevq tseevq*) above SmrMirOr, but the names and the number of generations in it varied widely depending of whom I spoke to. From SmrMirOr down, there is striking consistency. People who trace their descent to SmrMirOr also share the following fourteen generations, until DzoeqTanqPanq.

1. SmrMirOr
2. OrToeQLoe
3. ToeQLoeDzm
4. DzmMawqYaer
5. MawqYaerCa

6. CaTiqSiq
7. TiqSiqLir
8. LirPawqBaev
9. PawqBaevUv
10. UvNyoqZaq
11. NyoqZaqTsawr
12. TsawrMawqOer
13. MawqOerDzoeq
14. DzoeqTanqPanq

These generations are not only shared by all Akha, but also by a larger Yunnanese people who call themselves Hani, whose language is mutually unintelligible with Akha and whose common ancestry with Akha people was only recently discovered. Bouchérie, the author of this 'discovery', wrote:

The fact that all Hani and Akha subgroups are bound by genealogical links is absolutely remarkable, if one considers the geographical distance that separates different groups of population. For instance, Akha of Thailand and Piyo subgroups [a group of ethnic Hani], though they are for the most part ignorant of their reciprocal existence and have no contact at all, use the same common list of 20 initial ancestors names in their genealogies, with the exception of minor phonological differences. In two communities separated by more than 500km of mountainous country, we have recorded a list of initial thirty-odd nodes at a genealogical distance of 25 generations. [...] It has been frequently argued that among oral societies, genealogical lists of ancestors are too easily manipulated for them to carry any significant historical meaning (for instance: Leach, 1954). The great similarity of Akha initial nodes of ancestors [...] demonstrates on the contrary that a very ancient memory can remain unchanged through centuries despite migration, geographical isolation and linguistic changes. (1993:1-4)

Genealogical branching starts from DzoeqTanqPanq, alleged to have fathered seven sons who begot seven different clans, four of which are Akha (Wang, 2013:32). All the Akha living in the village of MawPae claim to be descendants of DzoeqTanqPanq's son TanqPanqManr. Most of the families in MawPae also share the following ancestors:

15. MawrHawqTan
16. HawqTanJei
17. JeiLeiNyawr
18. NyawrCirLaq
19. LaqTanrBoeq
20. TanrBoeqSe
21. BoeqSeLae
22. LaeLmrBor
23. BorManqPov
24. ManqPovGhoer
25. GhoerYu
26. YuDan
27. DanTseir
28. ManqJeir
29. JirBeeq
- 30.

After JirBeeq there is considerable branching depending on patrilineage.

Though recognizing him as a general common ancestor, all Akha in MawPae do not count their genealogy from TanqPanqManr (or SmrMirOr) in a direct line. This is because all of them are descendant of people who have historically attached themselves to a previous patrilineage (i.e. all people in MawPae were part of 'grafted patrilineages'). Akha customs permit people of other ethnic groups to be assimilated into an Akha village and beget their own sub-lineage (*paqdawvqdawvq*). When this happens, people count generations from the name of the newcomer's adoptive male parent. Here is, for instance, my adoptive father's genealogy, part of the JanrBaw patrilineage:

PanTseir  
TseirLoq  
LoqTsaq  
TsaqBeeq  
BeeqSar  
SarTmq  
TmqYaev  
YaevLiq  
LiqHawq  
HawqSaev  
SaevTseir  
TseirJeer  
JeerKhaer  
KhaerTsawq

My adoptive father told me that PanTseir (the first name in his genealogy) was originally a Tai Lue (a valley-dweller group) who became Akha. This exemplifies the phenomenon of identity-switching, common in Southeast Asia. A foreigner can effectively become Akha once he is accepted into the village, affiliates himself to a patrilineage, learns the language, marries an Akha woman, builds a house with an ancestral section, and agrees to 'take on' (*geevq*), and abide by, Akha customs. No family in MawPae was a direct descendant from SmrMirOr, though I found instances of complete genealogies in neighbouring villages.

It is important for at least one male member of the household to remember the genealogical tree. Its recitation is required at funerals, when the deceased person joins the ranks of the ancestors and is added to the genealogy (see Hanks, 1974). Genealogies also keep a sense of unity among members scattered across mountain ranges and national boundaries. I often happened to see that when two Akha strangers meet, especially when visiting another village, they promptly reel off each other's genealogy to trace how far back they are related. The conversations that follow tend to be spirited and are visibly

enjoyed. Out of the recognition of common ancestry arises a sense of shared identity and connection, and warmth on part of the host.

Alongside patrilineages, Akha also differentiate themselves from other Akha in terms of what Tooker has called 'headdress groups' (2012:35), formerly called 'subtribes' (Lewis, 1969a), which differ in dialect, customs and dress. In Luang Namtha province there are three such subgroups, which are mostly endogamous: JeqGhoeq (also called Pouly by the Lao, wearing a headdress that is flat on the back), JeqJawr (pointed headdress) and BawrCaeq (headdress with a stud just above the forehead) (there are many more such headdress groups in Phongsaly province, see Duy Thieu, 1996). MawPae and all nearby 13 villages in the highland area of Muang Long belong to the JeqGhoeq group. There is some naming inconsistency, however. While Akha of MawPae refer to themselves as JeqGhoeq to be distinguished from the neighbouring JeqJawr Akha, there are many different 'headdress groups' in Thailand who also consider themselves JeqGhoeq. While for the Akha of MawPae JeqGhoeq is a headdress group, for some Akha in Thailand this represents a 'super-lineage' (Wang, 2013:103). Importantly, headdress groups are not strict descent groups, as Feingold (1976) previously maintained. I met families in a neighbouring JeqJawr village who belong to the same maximal patrilineage (JanrBaw guq) of my adoptive family.

A different set of genealogies apply to shamans. Alongside their natal name, shamans acquire a name for their spirit-owner when they are installed as masters. The first syllable of this name represents the 'way' in which the shaman travels, which must be the same way of the master from whom she learnt the craft. The second syllable is given by the master shaman or spirit-priest who presides the installation ceremony. In my district, I encountered four such 'ways', all named after mythical figures (MqYaer, MqSar, MqGhanr,

MqBo). Shaman Aqqiq MirCuq travelled in the way of MqGhanr.<sup>106</sup> A shamanic name is not only bestowed to the newly installed shaman, but also to her spouse. And like in ordinary genealogies, names are counted up to the closest ancestor whose spouse is also dead. Aqqiq MirCuq's shamanic genealogies included twelve names:

GhanrPe  
GhanrDzm  
GhanrCe  
GhanrSawr  
GhanrDee  
GhanrLawq  
GhanrCur  
GhanrSan  
GhanrXm  
GhanrMyei  
GhanrGeev  
GhanrIr

Determining genealogies of other shamans throughout the Akha world might be revealing of the age of the shamanic office. Lewis (1969:62) was told by his informants that the *nyirpaq* (shaman) is a relatively 'new innovation' in Akha culture, since there is no mention of it in ancient myths. I never heard this from my interlocutors, and I have come across a few myths mentioning shamanism. Some people maintained that both shaman and spirit-priest were instituted by

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106 Lewis (1989) identified MqGhanr as the 'Creator's child'. Wang, in line with Lewis, identified him as the son of MqMa, the first name in the 'spirit genealogy' above SmrMirOr. I have never heard this from shaman Aqqiq MirCuq, however, who was vague about the actual identity of MqGhanr.

JanrBan, an important Akha ancestor that lived 27 generations after SmrMirOr.<sup>107</sup>

Akha who have converted to Christianity, most of whom live in Thailand, have abandon their traditional Akha customs and, with them, their genealogies (Kammerer, 1990). The advent of Christianity has engendered tensions between converts and traditionalists, who view conversion as an attack on Akha identity itself. In the face of growing proselytization and political and economic challenge to the traditional practice of customs, some Akha groups who reject Christianity are currently promoting and spreading a 'modern', literate and more viable version of customs. Turning to Akha history and common ancestry has been central towards these efforts (Morton, 2015; Agostini, 2018).

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107 The term nyirpaq is very similar to the neighbouring Lisu's 'nei pa', also used for shamans (Durrenberger, 1971), but I am unsure whether this is revealing of a cultural borrowing.

## Appendix C: Other examples of illness episodes

### ArGaw

ArGaw, a man in his early 40s, fell ill with fever, chest pain, and whooping cough in October 2015. Given bad past experiences with the district clinic, he refused to go see a doctor there. Instead, he called a Lahu diviner from a village nearby, who, after asking him a few questions about his recent movements around the village, recommend performing an offering to the gates, a sacrifice of two chickens, which was quickly arranged by a few relatives. It did not work. A few days after, he consulted the 'cane oracle', which 'saw' that the *yarmir* was afflicting from some swampy areas in the forest. The oracle suggested ArGaw should do a 'pouring the fermented rice water' ritual (*pahqmatsurivcuvoqxaer*). This ritual does not entail the killing of any animals, but only the 'pouring' (*xaer*) of some boiled rice water to the swamps and the levelling of the swamps soil, as to appease *yarmir*. His younger brother and I thus went to the forest and did as instructed. The day after ArGaw felt already slightly better but was not entirely cured. He called shaman Aqqiq MiqDi, a relative living in the village, who took a look at his hand and divined that the spirit of the rainbow was also afflicting from a puddle of water that gathered on tarp near his vegetable field's canopy. The day after, ArGaw's younger brother, father-in-law and myself went to that field and sacrificed a white chicken to the spirit of the rainbow. ArGaw's cough and chest pain subsided within a couple of days; the rituals, ArGaw's relatives said, worked by warding off the afflictions of *yarmir* and the rainbow.



## Rice fields

Rice in 2015 was not good. A few fields looked thriving, but most families were displeased at its poor general growth. By the end of June, the elders gathered and decided to announce an 'sacrificial day' (*nanq lawrlawr*) for the village, so as to perform a ritual for the rice. It was decided that they would do an 'offering to the lightning bolt,' with the sacrifice of one pig. Although no lightening had struck any of the fields, it was feared that some rampike stricken by lightning from the nearby forest could be the cause of the affliction. The ritual took place in the forest, mid-way between village and fields. A few weeks later, the rice still did not look good. Another sacrificial day was announced. This time the elders decided to perform an 'offering to the spirit of the dead', sacrificing again one pig. The ritual took place at the same spot as the previous one and was very similar in structure, but the words were directed at the spirit of the dead. By the end of July, the rice still was not growing enough. The son of the village-owner then crossed over to Myanmar to visit a famous Akha seer to ask him what they should do. Aqbawr PyaLo – his name is famous throughout the region – told him to perform a 'throwing away the litter' ceremony at the field of the person who first planted the rice. This was not a 'standard' ritual, but presented many elements shared in a variety of other ceremonies, so people knew what to do. Another sacrificial day was called. Most of the men and male children of the village gathered at the field hut of SarBaw, the man who first planted the rice in this season. They killed a fat pig and made a big flat bamboo mat, on top of which they placed a variety of fruits and bamboo objects. The symbolic scope of the ritual was to dispose of negative potencies embodied in the objects that were laid out onto the litter. After consuming the meal, a group of young men took the litter and threw it out at the edges of the field. At the end of August, since the rice did not improve as hoped, the elders again called for another sacrificial day and organized an 'offering to the spirit of bad deaths',

reasoning that the souls that succumbed to bad death might be attacking the rice. The ritual entailed sacrificing another pig in the forest. The harvest in October was deemed fairly good by the community.

### **MiqJur**

Just before I came back to the village in July 2017, my adoptive sister-in-law MiqJur had her fifth baby, the fourth to be alive. She was happy to see he was a boy. The two previous children were girls. To be on the safe side, Akha families prefer to have at least two sons, so that even if one were to die the continuity of the genealogy would still be guaranteed. The midwife who helped her with the delivery, a close relative to the family, began to worry as the newborn did not cry and MiqJur was not able to get him to suckle. The worry was great considering that a few years ago another child of MiqJur – a boy – did not suckle and died shortly after being born. Many other relatives came to assist MiqJur and her mother-in-law, who began to cry desperately. Within the next twelve hours, the male members of the family performed two ‘offerings to the spirit ‘mother’ of the house’, one ‘getting rid of bad death soul’ ritual, one ‘offering to the *mqcav*’, one ‘offering to the ancestors’ and one ‘offering to the gates’, with a total of eleven chickens sacrificed. MiqJur, who told me the story, didn’t know why they chose to perform these particular rituals, except for the offering to the gates. An elder noted that MiqJur’s husband was in another village (i.e. he was beyond other Akha’s gates) when the baby was born earlier in the day (he came back shortly after). According to customs, while the mother gives birth, the father should be in the same village. And so they reasoned that the spirit-owner of the gates might have afflicted. To the relief of everyone, the newborn began to cry and then to suckle soon after the gates and the *mqcav* rituals. Now he is a healthy 2 year old boy.



*Figure 28* MiqJur

## Appendix D: Another example of ‘inside ritual’

### *Uqdzawqtm* – Tying the head turban

The *uqdzawqtm* is one of the few rituals that are performed to redress a specific physical symptom. It is an exception. It is done to treat newborn babies when these lose a substantial patch of hair on the back of the head (‘telogen effluvium’). Akha think that excessive hair loss of this kind is associated with stomach pain in the baby, and so make sure to organize the *uqdzawqtm*, an inside ritual that entails the sacrifice of a chicken and the wrapping of its intestine around the baby’s head.

The ritual takes place in the evening inside the house. At least a close wife-giver must be present, and no one can enter or exit from the time the *jirbaqdirsiq* (bamboo segment) is planted until it is picked up again (non-related people can attend if they are invited in this case). The main organizers of the rituals are the mother and father of the baby, who both dress in Akha clothes. They set up a small heart on the lower female quadrant of the house, stick the *jirbaqdirsiq* beside it, and kill the chicken after pouring three spoons of water over it. After plucking the chicken, they eviscerate and chop it up, taking the liver and one leg to one side in order to make the ‘sacrificial rice’ bowl (uncooked rice + salt + ginger + leg and liver) and the intestine to another side into a separate bowl. As is customary to do in all rituals, people first start cooking the rest of the meat and then add the ‘sacrificial rice’ into the pot to make the risotto (*caerma*). After everything is cooked, they take out the leg and the liver out of the pot and put them in a separate bowl on top of a table, along with the bowl containing the raw intestine and, finally, a larger bowl with the risotto. Everyone gathers around the table, the mother holding the baby on her

lap. It's time now to take the intestine and wrap it around the baby's head. As the father ties it, the elders recite simple words such as these:

*[Official name of baby] the baby is being made a turban*

*She is in pain*

*Make sure it will go away*

As in all inside rituals, the meal does not begin until the owner of the house personally feeds some bits of meat with rice to each participant in turn. After the meal is consumed, the *jirbaqdirsiq* is picked up and everything returns to normal. Should the baby not grow hair any time soon, the family usually arrange a variant of the ritual just described, in which they place a chicken's gizzard on top of the baby's head (a 'gizzard hat', as they call it) instead of the intestine.

## Appendix E: Other examples of ‘outside ritual’

### *Tsovha daq* – offering to the lightning bolt

This ritual was done to propitiate the spirit of the lightning bolt, which allegedly afflicted people’s rice fields though it can equally afflict individual people with illness on other occasions. It was a village-wide ritual, announced the day before by the ‘village owner’ (*dzoeqma*). The participants are a group of two middle-aged men, eight elders and several of their grandchildren (all male). They first gather at the house of one of two younger men, the person who first planted the rice that year. He will be the one designated to preside over this kind of ceremonies until harvest time. With some village money they buy a pig and a white chicken off someone who has them. Having prepared all the paraphernalia (pots, cutlery, salt, etc.) they set off towards the forest, where the spirit is supposed to have stricken from, a good 30-minute walk from the village. Having reached and cleared the side, they laboriously build a bamboo altar with the ‘*lawgu*’ (curved stem of a shrub that ends up looking like a fishing pole over the water) holding up figurines of the moon and the sun. The altar, positioned near a big tree, looks more elaborate than when it is built for individuals afflictions: it is decorated with all kinds of bamboo-made objects, coloured cotton strings, candles and cowrie shells. The man who first planted the rice kills both chicken and pig, pours the pig’s blood onto a bowl and places it by the altar. He then starts the ‘raw offering’, plucking hairs from both animals and putting them on the altar, as all the elders around him recite verses that exhort the lightning bolt spirit to come eat and leave the rice to prosper.

The elders take the pig’s liver and inspect it, mumbling what they think the organ is telling about the rice’s future.

They cook the meat as the children play around. When this is done, it is time for the 'cooked offering'. They gather again by the altar, lit the candles, place some cooked meat over it and recite the same verses, changing the word 'raw' with the word 'cooked'.

Having consumed the substantial meal over a wicker table, they pick up the *jirbaqdisiq* and walk back to the village, leaving the leftovers to the dogs. Nobody speaks to them on the way. They re-integrate at the house of the man who first planted rice, where his wife serves whisky to everyone.





Figure 29 Preparing the *tsovha daq* 'outside' ritual



### *Ardeirleirkhan cavq - offering to the rainbow*

The rainbow is said to feed on puddles of water and to afflict people from there. The one time I saw this ritual, it was carried out at someone's canopy in the field, close to which the owners left a dipped nylon tarp to gather rainwater with the purpose of mixing it with some 'field medicine' bought from the market and fertilize the crops. The rainbow spirit was suspected to have afflicted a middle-aged man called ArGaw with cough and chest pain. Him and his wife decided to perform this ritual after visiting a shaman in the village (a relative to the family) who, knowing already about the rainwater gathering tarp that they have by the canopy, divined that the rainbow might be the culprit. This was a rather small ritual, entailing the sacrifice of only one white chicken. It was partaken by three people: ArGaw's younger brother, ArGaw's father-in-law, and myself. ArGaw himself, like every sick person for whom an outside ritual is arranged, was not allowed to attend.

The ritual starts inside ArGaw's house when the father-in-law (the 'wife-giver') grabs the white chicken and hovers it over a sitting ArGaw in a circling fashion. As he does this, he recites some impromptu verses that simply describe the situation up to that point. He might say:

*ArGaw has a bad cough and a bad headache,*

*We went to see Aqqiq MiDo (the shaman)*

*It appears that the rainbow is afflicting*

*Now we take a chicken and offer it to the rainbow*

ArGaw's brother and father-in-law then take some cooked rice, salt, some bowls and some cutlery and make their way to the canopy, a good 20 minutes walk across patches of forest and rice fields. Once there, they stick the *jirbaqdisiq* by the water puddle and make what they call a '*lawgu*', a curved stem of a shrub that ends up looking like a fishing pole over the water. With a knife they make nine indentations on the stem, into each of which they stick one white feather from the chicken they brought with them. They kill the chicken and make the initial 'raw' offering, tearing off some other white feathers from it and placing them by the *jirbaqdisiq*, as they both persuasively recite other verses of this kind:

*ArGaw, he's been seen by the shaman,*

*The shaman said that the rainbow is afflicting,*

*There is a puddle of water,*

*The shaman saw this,*

*Making sure that he'll get better,*

*In the past we did the offering,*

*Now we do it again,*

*Now we do the raw offering,*

*Soon we'll be doing the cooked offering.*

ArGaw's brother, being the younger man, does the meat, sets up the fire and cooks it. Once the meat is cooked, it is taken out of the pot and placed on a bowl. On other two separate bowls he puts some cooked rice and some ginger. Taking these three bowls, both men go and sit beside the puddle; they pour the water out of the tarp and, picking some bits of meat, rice and ginger out of the

bowls, they do the 'cooked offering' by placing them by the *jirbaqdisiq*. As they do so, they recite verses similar to those above, substituting 'raw' with 'cooked'. Before going back to the canopy and eating, they look at the chicken hyoid bone, a divinatory item that supposedly foretells ArGaw's healing course (mostly a perfunctory thing to do without much significance). Having consumed the meal in the shadow of the canopy, they take all the paraphernalia and walk back to the village.

Importantly, they are not allowed to take any leftover back with them (salt excepted); they would otherwise 'wrong' (*ban-e*) the ritual and would have to do it again. Having been in contact with the spirit, the food is charged with negative potency and might cause harm to other people if they were to bring it back. For the very same reason, passersby do not dare talking to ArGaw's brother and father-in-law as they walk back because they have just dealt with a negative force. All these ritual codes are lifted once they are both re-integrated in ArGaw's house, from which, without further ado, they go back to their respective houses.

### ***Yarmir cavq* – offering to the *yarmir* spirit.**

I attended this ritual on numerous occasions. One particular *yarmir cavq* worth mentioning was performed to heal a young wife called MirSa from severe back pain. In the morning one elder relative to the family consulted the *yarmirganqyoetoe* oracle in order to divine the cause. This revealed that the afflicting spirit was *yarmir* living at the swamps near a cornfield where MirSa habitually works on. The participants (her father-in-law, one wife-giver, three other relatives and a few children) first convened at her house where a

sacrificial dog and chicken were 'purified'. Then we all went by that cornfield, a long walk away.

When we got there, since the swamps extended over a large area, an elder decided to consult the cane oracle one more time to determine the exact spot where to sacrifice the animals and propitiate *yarmir*. After the oracle 'saw' the spot, we killed the animals and performed the 'raw offering'. As this was being done, the elders exclaimed:

*MirSa is in pain,*

*We did the offering to you many times before,*

*We are all eating now,*

*Wherever you are come join us*

*Are you working in the fields?*

*Are you in the forest fetching woods?*

*Don't go work in the fields,*

*Don't go fetch wood,*

*Come join us now,*

*We are doing the raw offering now*

After cooking the meat, but before consuming the meal, the elders did the other 'cooked offering', reciting similar verses. After the meal, everyone left the leftovers there and walked back to MirSa's house in a single line, as passersby carefully avoiding talking to us.

## Appendix F: An account of a shamanic journey

What follows below is a concise account of a shamanic performance presided by Aqqiq MiqCuq that was organized to heal a fevered 8-year-old boy called BaqXevq, son of KanBaq, in MawPae village. It is a sequential commentary on the stages of the shaman's journey (it contains the most significant motifemes) and on the actions that the shamans perform in KanBaq's house, peppered with explanatory comments about the form and content of the chant.<sup>108</sup>

Aqqiq MiqCuq harrumphs emphatically and cries "pehhhh!", reproducing the sound that, in the myth on the human-spirits original separation, scares away the spirits. The chant starts, with the shamans all sat on stools. Aqqiq MiqCuq leads and the apprentices follow in canon a few syllables behind. The very first verses begin to awaken the animistic universe that Aqqiq MiqCuq's spirit-owner is about to venture in. They are uttered to call the attention of a multitude of beings that populate her journey, making them aware of their presence and mission. Similar refrains will be repeated many times, especially in the first part of the text.

*May the inhabitants of the country of rain hear the one sound made by the nyirpaq*

*Nyirpaq is knocking [on some surface] so that the other pirma [masters] who live in the big country can hear*

*There are many nyirpaq who are here to chant*

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108 This material will appear in a future publication in which the Akha original will be placed alongside the translation.

*People of the rain country may you hear and come out*

*All the pirma [master shamans] who recite will make themselves heard by the people in the rain country*

What follows is a simple reckoning of the circumstances that brought Aqqiq MiqCuq to chant at KanBaq's house. Though physically chanting at KanBaq's, the journey of her spirit-owner commences at her house, when she is summoned by KanBaq's family and begins her preparations. She tells her son to guard the house and goes outside. Her status as *nyirpaq* is vehemently affirmed, as is the fact that she will be carrying the ceremonial knife, which only master shamans are allowed to handle.

*BaqXevq has fever. Many things have been done to cure him.*

*Medicine, gha xaw nyae xaw, soul calling ceremonies, etc. but nothing has worked.*

*People coming to GhoePye with an egg enveloped in a rattan container.*[Here she's referring to her recent summoning by KanBaq]

*They haven't asked the spirit-priest, they haven't asked the blacksmith, they have asked nyirpaq GhoePye*

*Only the pirma keep the ceremonial knife to her belt*

*Only the pirma keep the shamanic hat on her head*

*Purifying the 12 bad things that have afflicted KanBaq*

She then describes the walk from her house to KanBaq's.

*Seeing fathers without wives and young children playing with pebbles along the path, lounging about. Seeing horses, cows, buffaloes, pigs.*

Horses, in fact, have not been raised in MawPae for the past 15 years. What Aqqiq MiqCuq describes, here and heretofore, is an idealized traditional trip, overlaid upon the trip that she has just made herself.

On the way she meets the *dzoeqma* (traditional village leader) and pays homage to him. Ingratiating the cardinal figures of Akha society is a leitmotif of the chant, both at this stage and later deep into the spirit-world. The chant then describes the pre-ceremonial meal (*xiqneirtivq*) and the preparation of animals. The fact that the shaman has animals ready to be offered to the spirits is repeated throughout the chant and underscores the seriousness of her undertaking.

*Guarding a cohort of animals by the door*

*Big dog, may you come here*

*Guarding a cohort of animals by the door*

*3 year-old white chickens, may you come here*

*Having sacrificial animals to sacrifice*

The chant continues describing the preparation of the performance. Every motifeme contains proverbs and mottos that affirm the proper order of the cosmos and what is deemed good or bad. E.g:

*May spoiled meat be given to pigs, humans only eat good meat, only good whisky*

Aqqiq MiqCuq also frequently chants commenting about the mood of the shamans, who, over the course of the journey will go through several emotional upheavals. Next, making ample use of indexicality Aqqiq MiqCuq recounts the preparation of the winnowing tray that followed the pre-ceremonial meal. The same sentence is repeated for each listed appurtenance:

*Preparing the winnowing tray with salt. Preparing the winnowing tray with sticky rice cakes. Preparing the winnowing tray with beeswax taper. Preparing the winnowing tray with cotton. Preparing the winnowing tray with ginger. Preparing the winnowing tray with sodium glutamate, etc...*

Repetition is a key feature of the chant because shamanic potency is thought to hinge upon using many words for each act. Shortcuts would weaken her and induce her to error.

So far, Aqqiq MiqCuq has been narrating the journey without a specific addressee. Now, she turns directly to KanBaq's ancestors and to her genealogy of masters. To KanBaq's ancestors she asks for forbearance; to her masters she asks for strength. At the moment, however, she is merely drawing their attention to her undertaking (in later motifemes she will interact with them more directly). She also calls the attention of the master who installed her, who is still alive and lives in Muang Long (*"even if your body is not here, I can feel your strength"*), and of her dead husband who she calls by his shamanic name GhanJe. She is seeking, and slowly acquiring, a sense of connection with all these spirit entities, who will guide her in the journey that follows—reiterating, over and over again, that she would not know how to enter the spirit world



otherwise, but that she has the ceremonial hat and knife, hence she is entitled to do it. Humbleness must be a distinguishing trait of shamans.

At various junctures she interpolates a number of Akha myths, presently one about the 'dragon' (*baevyanq*) and the hawk (*khacan*). Importantly, she also calls the attention of the spirit-owners of many objects (rocks, clothes, etc.) and natural phenomena (e.g. thunder).

*MqGhanr GhanrPe ruler may you come hither*

*GhanrJe may you come hither*

*Father MqGhanr GhanrDzan may you come hither*

*Wise GhanrDze may you come here*

After she finishes calling her spirit helpers and other spirit-owners, Aqqiq MiqCuq grabs some cowrie shells (given to her by KanBaq's family) and passes them from one hand to the other, while still chanting. She also keeps 12 cowrie shells in her own bag, which she 'gives' (only in the spiritual journey, not in the real room setting) to each of the 12 landmark figures she will encounter in the journey. At some point the chant stops. Aqqiq MiqCuq shakes the cowrie shells and summons the shaman helper (member of the mother's brother family) to hand them over to him. He throws them (*hursiq byavq*) on the winnowing tray until the right combination of three shells facing up and six facing down come up. This is the signal that it is auspicious to continue the journey. Aqqiq MiqCuq collects the cowrie shells. After a brief pause of chattering and earthy laughter, the chant resumes—the shamans still sitting on stools.

If in the previous motifeme Aqqiq MiqCuq merely called for the attention of her masters now she is directly asking them to come and help.

One they are all gathered she tell them about the mishap (*“why are you calling us? KanBaq’s house is sick, I carry the layeh, we are preparing everything to go find the soul”*) and serves them whisky, an action that she reproduces in the room setting by dipping her fingers into the whisky bowl and flicking a few drops outside it. Her actions and words are arguably aimed at achieving a sense of unity and connectedness with her spirit guides.

Aqpiq MiqCuq shakes the cowrie shells once again and throws them onto the tray herself, until the right combination comes up. Again, this is a critical moment that reveals whether the journey will be an auspicious one. I remember one performance, however, in which the shaman tried repeatedly to get the right combination of 3 shells facing up and 6 facing down, without managing to get it right. A bit flustered, she cheekily turned them in the right direction with his hands. This is also a moment when the shamans relax, chat and yawn from time to time.

Then the shamans stand up and resume the chant, engaging in a slow languid dance. They now chant about rejoicing in company of the ancestors, and that they have animals and goods with them (*“having white cotton that brings life, having the layeh, etc...”*)

Still dancing, they chant about approaching the *uqmovdzanrmir*, the protector of KanBaq’s house residing in the house central post. While in the room Aqpiq MiqCuq picks up a few grains of sacrificial rice from a bowl and flicks them outside it as an offer to this spirit, the chant is replete with words of praise and respect:

*Uqmovdzanrmir with three siblings we are coming to you*

*Going towards the potent dzanrmir*

*Showing plenty of feathers to uqmovdzanrmir*

*Making uqmovdzanrmir trust the feathers*

*The soil of umodzanmi is disheveled. Clearing the soil, levelling the soil, BaqXevq is febrile, clearing the soil will heal him.*

As they pronounce these words the shamans stomp their feet in the room, as if levelling the soil around the central post, which is something that Akha actually do when they see it in a disheveled state. This is also routinely performed for the swing and the village playground. “Good” is associated with “levelled” (as I mention in chapter 2, Akha houses, though in stilts, must be built on levelled ground). During the translation of this text, Aqpiq MiqCuq tells me that she feels particularly sad when approaching *uqmovdzanrmir*. I trust that its high status in Akha culture makes the encounter a very poignant one.

After a long stop at *uqmovdzanrmir*, Aqpiq MiqCuq recites very swiftly some inaudible words, of which I never managed to obtain a translation because, being personally passed on by her master, they are exclusive esoteric knowledge belonging to her. I was merely told that she secretly utters the proper names of a given set of spirits, to ask protection in the journey to come.

The chant resumes with a general reckoning of the situation preceding the departure towards the spirit world:

*Everything being ready in my bag, cassava, eggs, etc...*

*Setting off for the spirit world, carrying a bag, the ceremonial knife, the shamanic hat, etc..*

*[to spirit helpers] May you not abandon me... Going to the spirit world, wearing leggings, wearing a bodice, etc...*

It is now the time to wake up the shaman helper, who is sleeping in the male side. He is given a shamanic hat to wear and the knife. He crouches by the winnowing tray with the knife out, as the shamans chant about him, about how he is here to clear the way for them so that *“clothes are not torn apart by trees and thorns, so that the path will be clear from twigs and woods”*. The shaman’s helper is then freed of his duty as the shamans, on their own, still sitting, chant about descending KanBaq’s staircase and putting saddle and strings on the horse tied outside the house, preparing to go and search for BaqXevq’s soul. While riding the horse, they ask what could have afflicted KanBaq’s soul (an action that has its own Akha term: *marwq pyaev pyaev*).

It is also at this point, at the beginning of their venture into the uncharted territory of the spirit-world, that fear sets in. By the end of this section, one apprentice begins to shake her feet, with her eyes shut, her face visibly pained. She is promptly calmed down by her companions, who solicit her to sip some whisky from the winnowing tray. This shaking, as pointed out in chapter 7, is explained by shamans as a response to fear of spirit encounters. After this episode of shaking, Aqqiq MiqCuq goes to sleep on the side, letting the apprentices continue with the chant.

The two most experienced apprentices now take the lead. They chant about “wander here and there” and pay a visit to respected Akha figures, but are not allowed to interact with dangerous spirits.

*Reaching the place of the swing, seeing widows coming out,*

*reaching the place of widows.*

*May you, widows, not have a broken heart.*

*Pirma GhanPyoe is tired, we take her words and chant.*

*Seeing the house of the dzoeqma.*

*Giving whisky to the dzoeqma, serving whisky to the dzoeqma.*

*Bringing many goods to the dzoeqma, sticky rice cakes, eggs, etc...*

*May your heart, grandfather dzoeqma, not break.*

*Leaving the dzoeqma's house...*

There are frequent mentions, here and in other sections, of categories of people fall outside what is considered the ideal kinship arrangements of Akha society (the chant contains verses about meeting spirits of widows, unmarried women, men whose wife has died, etc...). These are wretched, unhappy souls, prone to afflict other humans. Hence, they are addressed with pacifying words. Throughout the chant, the verses affirm an ideal picture of what society should look like.

The retinue of shamans now approach the blacksmith's house, chanting similar verses to those chanted in homage to the *dzoeqma*. They see the blacksmiths forging knives, putting into practice the knowledge given by MqYaerMqSar (the creator), and offering whisky and flattering words to him. Apprentices now stand up, gently swinging their arms. While Aqqiq MiqCuq sleeps, they pause very frequently, to laugh and joke among themselves. The atmosphere is jovial.

They quickly reach the entrance of the headman's house, asking him whether he has seen BaqXevq's soul, and pronouncing words of praise in his honour, as it was done to the *dzoeqma* (village owner) and blacksmith.

With Aqqiq MiqCuq still sleeping, the apprentices loiter around the spiritual landscape. They see the swing, then take 'the path where snakes come

out and where there are termite hills". They reach the place of dead unmarried girls, the place where the Tai Leu (a valley dweller group) live, the place where people cannot speak Akha, where people can write. The apprentices interpolate their meandering with Akha proverbs and mottos. Usually, the chant leader drops the initial words of the proverb and let the others complete it.

At a certain point, the apprentices begin to swing their body together, moving their fans on one hand and the hand-towel on the other, repeating the word *bawse* (fan) melodically for a few minutes. The fan, like in many other parts of Southeast Asia and around the world, is central to shamanic performances. People told me that it is used to move the wind to retrieve the soul.

The loitering resumes, reaching, now, the place where Aqqiq MiqCuq was installed and other few landmarks, without interacting with dangerous spirits. Again, this is a time when the apprentices rehearse proverbs and myths.

Aqqiq MiqCuq wakes up from her nap and the chanting resumes from the visit to the headman. She repeatedly calls back BaqXevq's soul, and reiterates once again that she has grabbed pigs and chicken, and then she is an installed nyirpaq, hence authorized to carry out the journey.

The journey now brings the shamans to the gate:

*Reaching the gate. Seeing the path of the gate.*

*With the gate overseeing (the community) pain won't come.*

*Seeing the gate being hoisted by strong men.*

*Giving water to the son and daughter of the gate.*

*The gate is good, does not beat its villagers with a stick.*

*Going to fetch BaqXevq's soul...*

*Seeing the first day of ancestors offerings.*

*Seeing people pounding sticky rice, seeing people killing pigs and buffaloes.*

*When killing pigs, blood flows out. When killing buffaloes blood flows out...*

The spirit of the gate protects the community but can afflict if violated. Here, shamans chant words of praise to ingratiate it. The abovementioned son and daughter are the wooden sculptures with exaggerated genitalia that appear at the feet of the gate. The second part of the section describes the first day of the annual ancestor offering performed in honour of the gate, when the new village gate is erected. Again, it is an idealized account: they mention buffalo killing, which nowadays does no longer take place during that ancestor offering, but did in the past.

What follows is a long morifeme, in which shamans visit a variety of places and narrate Akha legends, including the Akha story of the creation of the world that also recounts the origins of worldly disorder and the reason why people suffer. They see the lowland world (market, money), but do not interact with it, like in real life, or at least, like in the real life that panned out a few years ago. At one point, they come across terraced paddy rice fields (*daeyar*). Akha in Laos do not have these, but the frequent references embedded in oral texts and the current use of terraced fields among the neighboring Hani suggests that Akha probably had them in the past (Tooker, 1996). These narrations are replete with florid accounts of fauna and flora that does not grow in their present site, which might be telling of their historical migratory path. Interpolating these peregrinations are passages that comment on the emotions and state of mind of the shamans as they walk through the landscape ("it is hot", "it is beautiful", "feeling scared", etc.). Upon encountering, at some point, 'spirit children

carrying guns to hunt wild pigs' a few apprentices become frightened and shake ponderously, stomping their feet on the ground.

Aqqiq MiqCuq here begins to call BaqXevq's soul over and over again, but, interestingly, also call the souls of a few people dear to her and to the other apprentices who are currently unwell, exemplifying her role as servant for the community.

Once again, for a few minutes, Aqqiq MiqCuq whispers some secret words, which I am not allowed to record.

Aqqiq MiqCuq resumes the chant solo, unaccompanied by her apprentices. In the journey, she visits a few figures (blacksmith again, a place where KanBaq's ancestors are, etc.), repeatedly affirms her status as *nyirpaq* and her possession of a ceremonial knife.

The apprentices rejoin the chant, at the moment in which the retinue, in the journey, visits the house in which Aqqiq MiqCuq was installed as shaman GhanrPyoe. Everyone stands up and dances, with Aqqiq MiqCuq exhorting the apprentices not to be shy. As they dance mildly, they mimic sweeping the floor with a broom. This is because they are chanting about clearing GhanrPyoe's house. If her house is not cleaned, her heart won't be either and she won't be able to carry on.

*Reaching the house where GhanrPyoe was installed.*

*Giving whisky to the grandfather.*

*At the house, grabbing the broom, sweeping the floor, making it good.*

*Changing clothes, changing headgear, changing leggings, changing shoes, etc...*

*Sweeping with the broom. Being at the house where GhanrPyoe was installed, on the day she was installed.*



*Feeling the wind blowing. May you not blow the hat off people.*

*The house is beautiful, even if it is not beautiful, we make it beautiful, we make it level with feet*

The chant moves on to describe a Tai Leu village before the retinue of shamans carries on walking on the path. There is a moment of indecisiveness, as the shamans do not know where to go. Upper path? Lower path? Ultimately, they reach a bridge that takes them to the path and house of MqGhanr, the mythical figure that Aqpiq MiqCuq's shaman way is named after. The shamans pay respect.

In the room, all shamans are still sitting and chanting. In the spirit world, after meeting MqGhanr, they walk to the cross-path of TanqPanq, an apical ancestor that all Akha share who lived around 35 generations ago (see Appendix B).<sup>109</sup>

They still call BaqXevq's soul, repeatedly.

At this stage, they reach DzanPe and DzanLan (in the vernacular these go by the names of JanPeq and JanPyaev, incestuous siblings who, as I explained in chapter 5, are the origins of the rainbow, a spiritual entity that afflicts). The shamans offer them whisky and feed them with rice, both in the chant and on the winnowing tray (moving a few rice grains outside the sacrificial rice bowl). They also exhort DzanPe and DzanLan not to make the *mq cav*<sup>110</sup> ("may you stay in the rainbow, may you not afflict people with *mq cav*"). As

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109 One key difference between the spirit-priest and the shaman is that the spirit-priest does not go beyond TanqPanq's cross-path. For the shaman, however, this is the cross-path beyond which the harder spirits await.

110 Nefarious force produced inside people that I have mentioned in chapter 5.

if finding something wistful in the narration of the rainbow origin myth, a few apprentices shed tears.

The shamans, who in the room are still sitting and chanting, reach JaDae, the mythical and prosperous land from where the Akha migratory southern journey began. Both the shaman and the spirit-priest envisage their journey as one that climbs back in the opposite direction to where Akha came from. This motif also contains a major legend about JaDae, which, with minor variations, is known and told by all Akha in the upper Mekong region. Shamans here also find space for other legends and short stories. Just to mention one example among many, they happen to chant the story of a child-carrying mother who goes into the woods to gather forest berries. As the child is very heavy, she decides to temporarily leave him at the base of a tree, on top of which there is a singing drongo. She thinks she'll be able to relocate the child by going back to the chirrup of the bird. But the drongo moves from tree to tree; when the mother returns following the its sound, she searches for her child at the wrong trees. She searches and searches, but all she can find at the base of the trees, where the drongo sings, are cucumbers. She might hold them tight and cuddle them, but cucumbers are not like her baby.

The shamans then venture into the land of the terrible death. This is a scary moment, a few apprentices tremble and shake their feet out of fear. Aqqiq MiqCuq exhorts them not to be scared. They have the ceremonial knife and a lot of animals. They chant about propitiating the terrible death spirit with pigs and chickens

As they leave the land of the terrible death they begin, once again, to call BaqXevq's soul, repeatedly. Aqqiq MiqCuq also exhorts her apprentices to follow the right path, the middle one.

At the same time, the shamans chant about purifying many of the things they see in her journey of the *mq cav*. As they encounter people on the way they exhort them not to produce *mq cav* (*mq cav taq mr dei*).

Next is a more fragmentary section, in which shamans “wander here and there” (*ir la la ir la la*) frequently, visiting many places in a short time. They see, just to mention a few sites, the place of mortuary rituals are carried out, a place where a lot of tea grows, where tea can turn into money and buffaloes, a big deep lake, a big cross-path, the place where ants are the size of elephants, take a stair and reach the creator Aqpoeqmiqyae in the sky etc... These passages are interpolated with proverbs of many kinds. In the room, the atmosphere is now jocular. Some of the passages in the chant are funny, verging on absurdity (“going to the village upslope, but who knows if the villagers there have an opium pipe...”). Sometimes the shamans pause and joke and laugh among themselves.

The chant then dwells on the figure of the mother’s brother, which as I have shown repeatedly, is of pivotal importance in Akha customs. (“without mother’s brother, there won’t be any children”)

Finally, the shamans return to KanBaq’s house. They chant about taking out the white drape (*zi baw taw*) out of the ancestral section’s basket and putting it back nicely. The white drape signifies longevity, the shamans wish long life to all members of KanBaq’s family. Then they chant about grabbing a plump rooster, always at KanBaq’s house. They grab it and let it flap its wings, so that the ancestors hear, so that the wind produced by the flapping makes the soul return. They then chant about feeding this rooster.

Interestingly, while at the beginning of the chant the shamans sing about what just happened in the real-world setting up to that point (Aqpiq MiqCuq being summoned, the shamans gathering at KanBaq’s house, eating the pre-ceremonial meal, etc...), this part of the chant anticipates what will happen in

the house. After chanting this segment, in fact, the Aqpiq MiqCuq takes out the white drape from the ancestral basket at KanBaq's house and folds it back with the help of the ceremonial knife. She also takes a plump rooster that has been tied up and left unfed for the whole night and feeds him a few rice grains, while holding him in her hands, before tying him up again.

The shamans, still sitting, call BaqXevq's soul one last time. Aqpiq MiqCuq tells her spirit helpers that they have finished their mission and they can go back to their abode. She then whispers secret words again. The performance ends here.

## Appendix G: Mutual care: further insights from Akha ethnography

One of the take-home messages of placebo science, researchers keenly suggest, is that the quality of the ‘doctor-patient interaction’ matters significantly to patients’ clinical outcomes. For this reason, efforts should be devoted to training physicians to afford a caring and compassionate environment. Alternative medical systems, it is widely assumed, are far better at doing this than modern medicine (e.g. Kaptchuk, 2002). The material presented above has revealed a rather different story: most Akha healing rituals are devoid of a ‘doctor-patient interaction’ to start with, and Akha shamans, who are summoned to perform a spiritual service, do not need to show any compassion or care towards the sick person, or engage in dialogue.

Instead, the work of care among the Akha is fulfilled by the web of kinship.

From the ethnography presented up to this point, Akha villages have appeared as close-knit communities where people are deeply embedded into each other’s lives, and where sociality is very much coordinated by ‘customs’ (*ghanrsanrkhovq*). The level of autonomy associated with the individual household, in this “house-based society” (Tooker, 2012:117), means that the hub of reciprocal care concentrates within the patrilineal family living under the same roof. We have already seen how this plays out in everyday life and across the life cycle. Parents wean off and take care of their own children, who later on will be attentive towards the needs of their own parents, who are primarily responsible for taking care of their own ancestors (at the house’s ancestral section), who, in turn, afford care and protection to the whole household. The set of feeding rituals described in chapter 4 expresses and reinforces these patterns of everyday care, which, among the living, take the form of mutual provision, attentiveness, and love.

Less intimate caring relationships are established among relatives living in other houses. Outside the house-sharing patrilineal family, the strongest bonds are created with wife-taker families and, to a lesser degree (from the wife-takers' point of view), with wife-giver families. In ritual contexts, this care is asymmetrical since it is the wife-giver who feeds and provides for the wife-taker, but in daily circumstances it is very much equal. The same level of mutual care exists with the family of the genealogical mother's brother and with the families of the father's brothers, followed by the rest of the patrilineage, proportionally according to genealogical relatedness. When fights erupt between two individuals, their respective patrilineages unite to remonstrate against each other. When economic difficulties arise, help is sought among kin according to the degree of propinquity. It is 'custom' (*ghanrsanrkhovq*) to dispense help and support along the lines of kinship.

Relatedness within families of the same patrilineage is also coordinated spatially by customs: every house must be built adjacent to the house of someone of the same patrilineage. The necessary unity of the patrilineal family and of the patrilineage is stressed on many levels. At the time of fieldwork, the community of MawPae contained five contiguous patrilineages, only one of which was represented by a single household, located at the edge of the village (the owners did not want to move elsewhere because he possessed a lot of livestock and had lots of friends, but their situation was viewed with some commiseration by the rest of the community). Having strong kinship ties in the community has paramount value, while the absence of relatives, and loneliness more generally, are pitied. The importance of kinship and the tragedy of loneliness are strong leitmotifs in a large number of Akha songs and myths, too.

Relationships based on mutual care are often (though not always) relationships based on love (*gav*). More than a sense of fondness, the word '*gav*'

expresses a strong connection towards another person, a physically felt sense of attachment, as it were, whose sudden withdrawal brings about emptiness and longing, which in some cases can be dangerous. Hence at funerals, it is customary to comfort the bereaved by telling them to “stop loving her/him!” (“*taq par gaq-awq*”), as being attached to a freshly departed soul brings all sorts of dangers. More temporary separations are also lamented in the language of love. The mother of a child who leaves to attend school in the lowlands for the season might spend the first few evenings after the departure chanting wistfully about how much she loves him. But love is a feeling that is confined exclusively to immediate kin (or potential immediate kin, like love partners); the term is never bandied about to express simple liking of a non-related person in the community. Synergy and mutual understanding among friends, however close these might be, hardly translates into mutual love and care. My observations on this point reflect what Akha themselves say: friendship is transient, while kinship endures.

It is in moments of tragedy, especially in chronic or fulminant illnesses, that relations of care and love manifest themselves most concretely. In illness, Akha might lack medicine and medicinal knowledge, access to health services, sometimes even livestock for ritual, but will virtually never lack the loving care of kinship. One aspect that struck me when following cases of sudden illness was the thick human presence that assembled around the sick, a presence that the sick person did not seem to mind at all. If Akha think that wanting to be alone is, in a way, to be sick, in sickness they certainly do not desire to be left alone (as might be the case for some ill individuals in the West). Particularly in cases of emergency, the room where the sick person lies is suddenly crowded with kinfolk of various degrees of relatedness, as well as non-related people. The closest kin rush in to check on the sick, helping out with what they can: herbs, spells, pills, massage, encouraging remarks, general advice; others are

called to bring their own medicine; yet other, unrelated people peep in out of curiosity, free as they are to enter other people's houses at will. Quickly, the room is enlivened by debates about what might have caused the pain, and about what medical strategy to adopt (these discussions revolve mostly around herbs and medicine; there is more reticence in speculating about spirit affliction, even though rituals eventually get done and are decided by the household head).

A second aspect that struck me was that, despite this thick human presence congregating around the sick, the emotional responses towards the sufferer differed widely among individuals. Particularly striking was the remarkable lack of overt display of compassion on the part of people who stood outside the closest circle of kin. It seemed as if individuals with lower degrees of relatedness (relatives a couple of genealogical nodes removed from the family, friends of the family, unrelated villagers), while present in the room, did not feel, or were exempt from showing feelings of, apprehension or sadness, let alone crying. What struck me, in short, is that people were outwardly unmoved by the tragedy of the other. By 'unmoved' I mean that, as they were witnessing a fellow villager in the throes of pain, or on hearing that he or she was in pain, their overt emotional response was null: they seemed totally unperturbed, relaxed even. I observed similar emotional dynamics in instances of bad death. Bad deaths, as I explained in chapter 2, are greatly feared, but while the family mourns the dead inside the house, and the kinswomen wail in grief, the unrelated people who are there to help with the funeral proceedings do not betray the faintest sombreness. In the case of MirDoq's death (chapter 2), they carried on making jovial remarks among themselves, a couple of feet away from sorrow. Unless required to help out, unrelated close friends of the dead also do not feel compelled to attend the funeral, and often do not. By and large, Akha adopt a matter-of-fact stance



towards the tragedy of the unrelated other; displays of compassion and empathy are missing.

There is much more to say about the dynamics of care, and, to be sure, the picture I have just given is a coarse approximation of a much more nuanced phenomenon. Still, what I have described allows me to advance the following theoretical point. On the one hand, the kind of emotional economy that surrounds the sick would make perfect sense to some popular evolutionary theories of human behaviour, such as models of inclusive fitness, according to which the degree of emotional investment towards others has evolved to be proportional to the degree of genetic relatedness (Hamilton, 1964). The Akha management of care would appear to be partly determined by evolved dispositions to invest emotionally towards the most immediate kin, and not to waste emotional resources towards unrelated people. Nepotism is the darker side of the same phenomenon. Take the old Bedouin proverb that goes “I against my brothers. I and my brothers against my cousins. I and my cousins against the strangers”. From the perspective of evolutionary psychology, this would be seen as a cultural outgrowth of biological drives (Tooby and Cosmides, 1992), or a cultural representation that is easily selected by virtue of deeply rooted psychological dispositions resulting from evolution (Sperber, 1996). Akha emotional norms of care could be interpreted in the same way. And yet, this is ethnographic material that also confirms certain assumptions made by advocates of the Christian ethic, or other kinds of Western perspectives on human behaviour, such as Enlightenment utilitarianism (Singer, 1979), that pride themselves on transcending what they see as more primitive, natural dispositions. These philosophies preach the extension of care and empathy towards every human being, indiscriminately and without prioritizing one’s family or tribe. They see this universalistic ethic as defined by the ambition to

rise above a selfish 'state of nature' which more primitive, tribal people – as Akha and Bedouin would be classed as – are steeped in.

These views, I suggest, would miss an important part of the picture. An episode that I witnessed in my village will exemplify the point I want to make.

One night, out of malice (some said out of envy), someone stealthily poured salt into the tank of the new rice huller of a man called SarNgoer, whose household is the sole representative of the MaZev patrilineage in the village (the lonesome household that I mentioned above). Turning it on would have destroyed the machine. Luckily, SarNgoer noticed the offence in time and washed the salt out of the tank. Still, the act caused shock to the family. A meeting of village elders was called at his house. SarNgoer, visibly beside himself, wanted the village to arrange a divinatory rite to find out who the culprit was, if nothing else to alleviate the state of shock the household was in. This would have required calling a 'sacrificial day', killing a communal pig, and ask an elder to perform the *yarmigawyawtoe* oracle (see chapter 5), which would have revealed the culprit's name (people actually admit that the oracle can err sometimes, but for SarNgoer this seemed to be the only way to claim some justice). Though acknowledging the gravity of the act, the elders were not accommodating. Accusations are generally discouraged, as they disrupt the harmony of the village; divinatory rites of this kind, the elders said, are only allowed in more serious circumstances. In the end, nothing was made of it. The shock and the inflexibility of the community left SarNgoer's wife, TsawNya, in tears. Sobbing out loud from her porch, she lamented the vileness of the act and above all the lack of kin to turn to for comfort in this disquieting moment. As I walked past their house in the afternoon, I saw three women who were unrelated to SarNgoer's family leaning on the fence of his house. They were shedding tears out of pity, lamenting how pitiful they were feeling ("*noeqxaq mir-a aer*" "*ghawqxaq gaq mir-a*") towards TsawNya. During the time I was there,

these same women saw far worse tragedies, like MirDoq's bad death, yet did not show an emotional response in those occasions. Here, they were weeping not so much as a result of seeing TsawNya dealing with a bad blow but for the fact that she was dealing with it on her own. They were essentially feeling pity for a household that was socially adrift.

It was thus remarkable to see that while people are generally not emotionally shaken by the tragedy of an unrelated person when there are closer relatives who care for her, they are moved by the tragedy of being kin-less. Anecdotal though it might be, this episode proves a larger point. The attitude of indiscriminate compassion preached by Christianity, which is clearly missing among the Akha, is here replaced by a value system that stresses the necessity of kinship ties in affording care. In other words, instead of an individual ethos of care for the unrelated, what we have is a strong idea of what a caring *society* should be like. This is evidenced by the emotional aversion to loneliness and the valuing of kinship<sup>111</sup> - themes that run widely in myths, songs, and social discourse – and, more so, by the nature of Akha customs, the system of rules and proscriptions that regulates how different social personae (children, elders, ancestors, etc.) ought to behave towards one another. What are Akha customs, the backbone of Akha sociality, if not a culturally specific way of ensuring care and meaningful connections for all Akha people? If, as Erich Fromm (1956) suggested, a society should be judged by its capacity to meet individuals' need of relatedness, then the Akha can be taken as an example of a 'sane society'.

Let me now return to placebo science and make the point that the Akha case does not so much illuminate the way in which care is afforded in the

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111 See Allerton (2007:18-22) for a similar and more detailed account on the perception of loneliness in another Southeast Asian context.

healing setting, but how it is afforded and distributed in society. The Akha are people who care about having the social conditions that guarantee care, and cultivate customs that sustain that. From a comparative perspective, this is quite relevant if we consider the thesis, recently advanced by Hari (2018), that a great portion of mental illness in the Western world results from the loss of meaningful social connections, not to mention the host of scientific studies that reveal the deleterious effects of social isolation on well-being, showing that this might be as great a risk to health as smoking, obesity or diabetes (Hari, 2018). Care and social connections are overall more pivotal in preserving health than they are in aiding healing. In view of this, the reformative mission that placebo researchers and advocates of complementary medicine wish to pursue appears, all things considered, relatively modest. What supporters of humanistic medicine might want to ultimately fight for is not simply a reform of the healthcare system towards the promotion of care and compassion, but a reform of the social system towards the fosterage of social connections. When researchers turn to traditional societies like the Akha for inspiration on the arts of care and healing, this is the main insight I would like them to take home.

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## Acknowledgements

I am absolutely delighted to have completed this. My foremost thanks go to the community of MawPae and to the family that became my own for the time I lived there. Their hospitality has been uplifting. I owe much of what I know about Akha customs to conversations with elders Aqqiq Juq, Arbawr PaqSaer, Arbawr Nei, Aqqiq Tuq and brother TsawTuq. The thesis is dedicated to them, to their insights and kind spirit. *Geeq lanq heeq ma.*

The PhD was funded by an ESRC grant for which I am very grateful. Thanks, also, to Dr. Jonathan Oppenheimer for his generous Alfred Gell Prize.

I wish that every PhD student were to have supervisors like the ones I have had at the LSE. Perhaps no-one but Rita Astuti and Catherine Allerton would have accepted the idiosyncrasies of this project, nor have offered such valuable support, criticism, and attention throughout the writing process. I hope that these pages have done some justice to their generosity. Rita's painstaking dedication over the last period has been particularly invaluable. Heartfelt thanks.

At the LSE, I was hosted by a welcoming Anthropology department. Laura Bear, Katy Gardner, David Graeber and Deborah James read chapters of this thesis and provided helpful comments. Yan and Tom Hinrichsen, Mitch Sedgwick and Hans Steinmüller were of great company throughout. Heather Dawson from the LSE Library dealt with countless book requests. I was also part of a friendly cohort of fellow PhD students. I wish to thank Chiara Arnavas, Gareth Breen, Michael Edwards, Liisa Kohonen, Umut Kuruüzüm, Itay Noy, Teo Zidaru, and especially Valentina Zagaria. The last stretch of writing-up wouldn't have been as entertaining without Lewis Beardmore and Hannah Klepeis in Foster House, and Megnaa Mehtta in the office, who has been a real delight. Special thanks go to the members of *La pensée sausage*, Ivan

Deschenaux and Megan Laws, for relentless levity over the past 3 years. It's been amazing to have both of you around.

On the Laos side, I am indebted to Mr. Oudone Vongsommy at NUOL for obtaining for me permission to do research in a very complex place. Many other people helped along the way, especially Vanina Bouté, Eric Deharo, Joseba Estevez, Judy Frane, Micah Morton, Guido Sprenger, Rosalie Stolz, Somvang Sulija, Deborah Tooker, Jianhua Wang, and David Wharton. I should single out Elizabeth Elliot, with whom I shared the trials of fieldwork in Laos, and Robert Cooper, man of higher wit and warmth whose stable presence in Vientiane grounded me whenever I returned from the highlands.

In Chiang Rai, Thailand, I was hosted by the brilliant Athu Pochea at AFECT, and helped out, in different ways, by Chimee Morlaeku, the late Aju Jupoh, and Pair Rojana. In Bangkok, I could always count on O Thongthai.

In Malmö, Sweden, Inga-Lill Hansson showed true Akha hospitality when welcoming me to her house to pore over ancient Akha texts over three post-fieldwork visits.

On the placebo side of things, the project has benefited from conversations with Fabrizio Benedetti, Doug Hardman, Phil Hutchinson, Dan Moerman, and Dave Ward, and from a rewarding collaboration with Ted Kaptchuk.

Unreserved gratitude goes to my parents and family in Italy without whom this wouldn't have been possible.

I finally wish to thank a number of friends, who, as such, have had to deal with my chronic bouts of insomnia. For caring so much about the completion of this thesis I'm especially grateful to fellow anthropologist Resto Cruz. Then, huge thanks to Anna Luisa, Antonina & Bogumiła, Buzz, Eleanor, Emily, Irene, Jack, Magda, Patrick, Swati, Tom, Vittorio, Wilson, and Zejiko. Most of all to Olivia.